Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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er the email address for this business entity to be used for annual report mailings. Enter only one email address please. Email Address: REGISTERED AGENT CHANGE FIONAL MANAGEMENT RESOURCES CORPORATION

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	rovisions of sections 607. ige is submitted for a corp to change its registered	poration organized un	der the laws of th	ic State of Co	lorado	
1. The name of t	ne corporation: NATI	ONAL MANAGE	MENT RESO	URCES CO	RPORATION	
2. The principal (Lagrange,	office address: 113 Cor GA 30241	porale Park East	Dr.	· · · · · ·		
3. The mailing as Lagrange	ddress (if different): PO e, GA 30241	BOX 1224				–
4. Date of incorp	oration/qualification:	Mar 21, 1989	Document numbe	r;	P23507	
	street address of the currence of State: (If resigne		nd registered offic	c on file with t	he	
	CT Corporation Sys	stem				
	1200 South Pine is	land Road		· ·	12 Si	77
	Plantalion, Florida	33324			TO B	
6. The name and (if changed):	street address of the new	registered agent (if cl	nanged) and /or n	ngistered office	MINAPR 19	· m
	National Corporate	Research, Ltd., Ir	nc.			نئ
	515 East Park Aver				92	_
	Tallahassee, Florid	P.O. Hor. NOT accept. a 32301			¥	
The street address changed will	ss of its registered office be identical.	e and the street addre	ss of the busines	s así lo poilto a	egistered agent,	
Such change wa	s authorized by resolution board, or the corporation	on duly adopted by it ion has been notified	s board of direct in writing of the	ors or by an of	Micer so	
Signatu	SAW NO	r		Wilson,	President	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as region comply with the provide a gain familiar with anang filed merely to reflect food notified in writing	stered agent and agri stons of all statutes ri l accept the obligation t a change in the ragi t of this change.	ee to act in this c clative to the pro n of my position stered office add	apacity. per and compi as registered a ress, I hereby	lete performance agent. Or, if this confirm that the	
Sig	muture of Registered Agent		<u> </u>	Date	<u> </u>	,
lf signing on be	half of an entity:					
	son, Assistant Secre	etary				
T;	rped or Printed Name		200 + + +			

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)