

## - NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

5220 Spring Valley Road, Suite 320 Dallas, Texas 75240

## 972/386-7037 • Fax 972/386-9742 | Control of the c

April 21, 1997

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

2009425155497920069 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Re:

Change of Registered Agent for DEW Services, Inc. Change of Registered Agent for TEV Marine, Inc.

Dear Secretary of State:

Enclosed please find two completed Statements of Change of Registered Office or Registered Agent or Both for Corporations regarding the above-referenced corporations. Checks in the amount of \$35.00 each accompany each of the Statements. A pre-addressed, stamped envelope is enclosed for your convenience in returning a file stamped copy of each Statement.

Thank you for your assistance. Should there be any questions, please contact the undersigned a (972) 386-7037, ext. 298.

Sincerely,

Angela 9. De Wees
Administrative Assistant

/ajd Enclosures

> RAIRU Change Sp

Florida Department of State	Sandra B. Mortham,	Secretary of State
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

organ	ized under the laws of the S in the State of Florida.	tate of Florida submits	the following sta	08, or 617.1 tement in orde	1508, Florida Sta er to change its regi	tutes, the und istered office of	'ersigned corporatio r registered agent, o
1a.	The name of the corpo	ration is: <u>TEV MAR</u>	INE, INC.				
1b.	The mailing address of	the corporation is: _	4947 Gulf B	lvd., Sair	nt Petersburg	, Florida	33706
1c.	Date of incorporation:_	09/27/94	_Document num	ber:	0071047		9.
2.	The name and address	of the current registe	ered agent and	office:		ي	3
		NRAI Services 526 E. Park A Tallahassee,	venue	01		•	SECONDO AM 9: 50
3.	The name and address			ce: (P.O. Box	( Not Acceptable)		4 9:5
	_	Todd E. Vander 4947 Gulf Blvd			<del></del>		0 0.
		Saint Petersbu		33706	<del></del>		
identi	street address of its registercal.  change was authorized by						
	ature of an officer, chairm vice chairman of the boar			(	(Date)		
To: (Print	dd E. Vanderleelie ed or typed name and title	Pres. Dent	<del></del>			•	
appoi relativ regist	ing been named as register intment as registered age to the proper and compered agent?	nt and agree to act in the performance of the fall of	in this capacity.	I further agr	ree to comply wit	h the provisi	ons of all statutes
	ning on behalf of an entity				,,		
(T <u>;</u>	or Printed Name)			(1	Capacity)		

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Filing Fee: \$35.00