Requester's Name	 	-AHASS
Address		SEE. FLOR
City/State/Zip Phone	; : e#	DRIDA DRIDA
		Office Use Only
CORPORATION NAME(S) & DO		
(Corporation Name)		600003633756
(Corporation Name)	(Document #)	*****35.00 *****35
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
Walk inPick up timeMail outWill wait	Photocopy	Certified Copy
NEW FILINGS	AMENDMENTS	
 Profit Not for Profit Limited Liability Domestication Other 	- D A	red Agent
OTHER FILINGS	REGISTRATION/QU	ALIFICATION
Annual ReportFictitious Name	ForeignLimited Partnership	

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Examiner's Initials

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

1. The name of the corporation :______ NAL Insurance Services, Inc.

	address of the corporation · 11825 N. Pennsylvania Street			
2. The mailing	gaddress of the corporation :11825 N. Pennsylvania Street			
	Carmel, IN 46032	-		
3. Date of inco	orporation/qualification: 02/05/1992 Document number: V1236T			
4. The name ar	nd address of the current registered agent and office:			
	Jones, R.K. Kennon, Esq.			
	5217 Coconut Creek Parkway			
$\underline{\text{Margate, FL} 33063}$				
5. The name ar	nd address of the new registered agent (if changed) and/or registered office (if changed):	्र इन्द्रम्बर्		
CT Corporation System				
	1200 S. Pine Island Rd.			
	Plantation, FL 33324			
The street addr agent, as chang	ress of its registered office and the street address of the business office of its registered ged, will be identical.			
Such change w authorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer so the board. $ -22-0 $			
(Signature	e of an officer, chairman or vice chairman of the board) (Date)			

Richard R. Dykhouse, Secretary (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(INDerus hours	January 24, 2001	- <u></u>
(Signante in Registered Agint)	(Date)	
If signing on behalf of an entity:		
Jeffrey R. Graves	Assistant Secretary	-
(Typed or Printed Name)	(Capacity)	•

* * * FILING FEE: \$35.00 * * *