

F10000000550

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

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11 JUL 22 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11 JUL 22 AM 8:03
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TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
NAS INSURANCE SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RA Rocky

7-22-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NAS INSURANCE SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: F1000000550

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly McMahon
Name of Contact Person

NAS Insurance Services, Inc.
Firm/Company

16501 Ventura Blvd. #200
Address

Encino, CA 91436
City/State and Zip Code

licensing@nasinsurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly McMahon at (818) 808-4471
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2B045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NAS INSURANCE SERVICES, INC.
2. The principal office address: 16501 VENTURA BLVD #200 ENCINO CA 91436
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/01/2010 Document number: F10000000550
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

INCORP SERVICES, INC
17888 67TH COURT NORTH
LOXAHATCHEE FL 33470


6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Richard Joseph Robin, President
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System

Signature of Registered Agent

7/11/2011
Date

If signing on behalf of an entity: **Kristin Bolden**
Assistant Secretary

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR22045 (8/05)