

F94000003155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

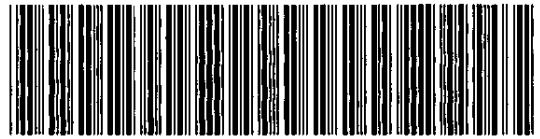
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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*RA Change*

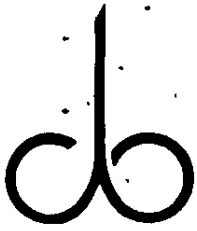
04/07/09--01025--006 \*\*35.00

2009 APR 23 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

\*00789, 00524, 00671

*AR*  
*4/23/09*



**Central Licensing Bureau, Inc.**

1501 NORTH UNIVERSITY  
SUITE 550  
LITTLE ROCK, ARKANSAS 72207-5271  
[www.centrallicensingbureau.com](http://www.centrallicensingbureau.com)  
(501) 664-8044  
FAX - (501) 664-6182

GENA BRADSHAW, FLMI  
Chief Executive Officer  
  
W.H.L. WOODYARD IV  
Chief Operating/Financial Officer

April 3, 2009

Florida Dept. of State  
Division of Corporations  
2661 Executive Center Cr. W  
Tallahassee, FL 32301

Dear Sir/Madam:

Enclosed, please find the necessary documents to change the Registered Agent for **AARM** in your state.

I trust this letter and the enclosed documents place them in compliance with your state Statutes. I have attached a copy of the form and a self-address paid envelope for your convenience to notify us of it completion.

Thank you for your consideration of this filing.

Sincerely,

Patricia Torres  
Corporate Qualification Division

/pt

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AARM  
(Name of Corporation)

**DOCUMENT NUMBER:** F94000003155

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:

Patricia Torres  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

Central Licensing Bureau, 1501 N University Suite 550  
(Address)

Little Rock, Arkansas 72207  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Torres at ( 501 ) 664-8044  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
APR 15 2009  
CLB

April 10, 2009

Patricia Torres  
Central Licensing Bureau, Inc.  
1501 North University, Suite 550  
Little Rock, AK 72207-5271

SUBJECT: AARM, INC.  
Ref. Number: F94000003155

We have received your document for AARM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please sign the form as the registered agent in the space provided at the bottom of the page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 309A00012144

4/20/09

Please find corrections made to the following documents.

Thanks,  
Laura Quinn  
C.L.B.

RECEIVED  
2009 APR 23 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 PA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: AARM INC
2. The principal office address: 2160 Lincoln Highway East Lancaster, Pennsylvania 17602
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/16/1994 Document number: F94000003155

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
Weston, FL 33331

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TALLAHASSEE, FLORIDA

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]
(Signature of an officer or director)

Philip Leaman, 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.

[Signature]
(Signature of Registered Agent)

4/20/09
(Date)

If signing on behalf of an entity:

Patricia Torres-Assistant Secretary
(Typed or Printed Name)

William H. Woodyard IV

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314