3878/4

| (Re | questor's Name) | | | |
|---|-----------------|-------------|--|--|
| (Ad | dress) | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



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| ION SERVICE COMPANY. |
|---|
| ACCOUNT NO. : I2000000195 |
| REFERENCE : 558551 7922913 |
| AUTHORIZATION: |
| COST LIMIT : \$ 35.00 |
| ORDER DATE: March 5, 2013 |
| ORDER TIME : 9:24 AM |
| ORDER NO. : 558551-047 |
| CUSTOMER NO: 7922913 |
| |
| CHANGE OF AGENT |
| |
| NAME: SECURITIES MANAGEMENT & RESEARCH, INC. |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY |
| CONTACT PERSON: Susie Knight EXT# 52956 |

EXAMINER:

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

| statement of ch | ange is submitted for a corporation orga | 02, 607.1508, or 617.1508, Florida Statu nized under the laws of the State of Floric tered agent, or both, in the State of Floria | ta | | | |
|--|--|---|--|--|--|--|
| | | • | R4. | | | |
| 1. The name of | the corporation: SECURITIES MANAGE | | | | | |
| | | | | | | |
| 701 Tama S | Street, Marion IA 52302 | | | | | |
| 3. The mailing | address (if different): | | | | | |
| 4. Date of incor | poration/qualification: 12/07/1964 | Document number: 287814 | | | | |
| | d street address of the current registered artment of State: (If resigned, enter resign | igent and registered office on file with the ed) | е | | | |
| | NRAI Services, Inc. | | | | | |
| | 515 East Park Avenue | | | | | |
| | Tallahassee, FL 32301 | | | | | |
| 6. The name and (if changed): | d street address of the new registered age | nt (if changed) and /or registered office | 2 PHIZ: 04 EY OF STATE ISCELFLORID | | | |
| Corporation Service Company | | | | | | |
| | 1201 Hays Street | | A | | | |
| | P.O Box NOT | Cacceptable | | | | |
| | Tallahassee, FL 32301 | | | | | |
| The street addras changed will | ess of its registered office and the street be identical. | address of the business office of its regi | stered agent, | | | |
| Such change w authorized by the | as authorized by resolution duly adopted he board, or the corporation has been no | by its board of directors or by an office tified in writing of the change. | r so | | | |
| De | b leves | Deb Reeves, Vice President | | | | |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | the appointment as registered agent an to comply with the provisions of all state my different and a my different and a my different is being filed merely to reflect the corporation has been notified in Service Company | Printed or typed name and utle d agree to act in this capacity. utes relative to the proper and complete accept the obligation of my position as re ect a change in the registered office add n writing of this change. | egistered Fess, l | | | |
| By: February 28, 2013 Significate of Registered Agent Date | | | | | | |
| ZSI E | pature of Registered Agent | Date | | | | |
| If signing on be | chalf of an entity: | | | | | |
| Sylvia Queppe | t, Asst. VP | | | | | |
| Т | yped or Printed Name | | | | | |
| | * * * FILING FE | E: \$35.00 * * * | | | | |

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2 3

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)