CORPORATE ACCESS, 236 East 6th Avenue . Tallahassee, Florida 32303 INC.

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РНОТО СОРУ		FILING	RA	Chan	ge	
1.) AMHC CÓVD. (CORPORATE NAME & DOCUMENT #)	· · ·		<u> </u>		-	
2.)(CORPORATE NAME & DOCUMENT #)	······	 , , , , , , , , , , , , , , , , , ,	600	100279 -02/22/99 *****\$5.	3224 01025 00 ***	63 -013 **35.00
3.)(CORPORATE NAME & DOCUMENT #)						
4.)(CORPORATE NAME & DOCUMENT #)				SEGRETAR) TALIAIIASS	99 FEB 22	<u> </u>
5.)(CORPORATE NAME & DOCUMENT #)				EE, FLORIDA	2 PM 1: 46	7
SPECIAL INSTRUCTIONS				-		
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Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.050 undersigned corporation organized under the laws of the						
submits the following statement in order to change its reg						
State of Florida.						
1. The name of the corporation is: AMHC CORP.						
2. The mailing address of the corporation is: 6 UPPER	NEWPORT PLAZA, NEWPORT BEACH, CA 92660					
Date of incorporation/qualification: 4/6/98	Document number: F98000001978					
4. The name and address of the current registered agent an	d office:					
NATIONSCORP REGISTERED AGE	ENTS, INC.					
526 E. PARK AVENUE						
TALLAHASSEE, FL 32301	office: (P. O. Box Not Acceptable)					
5. The name and address of the new registered agent and o	ffice: (P. O. Box Not Acceptable)					
PARACORP INCORPORATED						
236 EAST 6TH AVENUE						
TALLAHASSEE, FL 32303						
The street address of its registered office and the street agent, as changed, will be identical.	address of the business office of its registered					
Such change was authorized by resolution duly adopted authorized by the board	by its board of directors or by an officer so					
TOTAL WILL	10/15/98					
«(Signature of an officer, chairman of the	e hoard). (Date)					
PAUL N. DONNELLY Pres.	10/15/98					
(Printed or typed name and title)	(Date)					
Having been named as registered agent and to accept s corporation, I hereby accept the appointment as registe I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a registered agent.	ered agent and agree to act in this capacity. utes relative to the proper and complete					
Denise Bollner	60/8/98					
(Signature of Kegistered Agent) DENISE ZOLINER, ASSISTANT SECRETARY If signing on behalf of an entity:	(1)41 4) ,					
(Typed or Printed Name)	(Capacity)					
CR2E045(4/95)	FILING FEE: \$35.00					