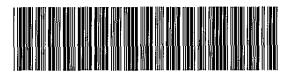
## M02000000576

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ACCOUNT NO. : 072100000032 REFERENCE 7440135 AUTHORIZATION C COST LIMIT ORDER DATE: November 22, 2005 ORDER TIME : 9:56 AM ORDER NO. : 720638-600 CUSTOMER NO: 7440135 CHANGE OF AGENT NAME: CONSECO SERVICES, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY PLAIN STAMPED COPY CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	d liability company:	is: CONSECO	SERVICES, LLC		
2. The mailing address of	the limited liability	company is:	11825 North Penns	ylvania Street,	
Carmel, IN 46032				-	
		10.000			
March 5, 2002  3. Date of filing/registration in Florida			M02000000576		
3. Date of filing/registrati	on in Florida		4. Document nu	imber	
5. The name of the registe Florida Department of S	red agent and the reg State:	gistered office	address as shown	on the records of the	
	СТ	Corporation Syst	em		
		Name		am.	
1200 South Pine Island Road					
Address					
Plantation, FL 33324  City, State and Zip					
C. The manner and address a		•	*	SS N	
6. The name and address of the new registered agent and/or office:					
1200 South Pine Island Road  Address  Plantation, FL 33324  City, State and Zip  6. The name and address of the new registered agent and/or office:  Corporation Service Company  Name					
Name Selection 5					
1201 Hays Street					
Florida street address (P.O. Box NOT acceptable)					
	Tailahassee	FĻ	32301		
	City,	, State and Zip			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or authorize	ange or changes are the registered agent eby confirmed that tited liability compart of the limited liabil	made, the Flowill be identic he change(s) was otherway company.	rida street address	s of the registered office	
Maureen Cullen, Attorney in Fa	act				
(Printed or typed name of signee)	•		* -	•	
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the confirmation of the confi	itment as registered of all statutes relate accept the obligation is document is being that the limited liabi	agent and agrive to the propons of my posite filed to mere lity company h	ee to act in this c er and complete p tion as registered ly reflect a chang ias been notified i	apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.	
(Signature of Registered Agent)	fichelle R. Vannov Åsst	Vice President			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00