



ACCOUNT NO.

072100000032

REFERENCE: 367217

7192809

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: September 8, 1999

ORDER TIME : 10:18 AM

ORDER NO. : 367217-375

CUSTOMER NO:

7192809

CUSTOMER: Mr. Scott Williamson

Ge Financial Assurance 6610 West Broad Street

Richmond, VA 23230

CHANGE OF AGENT

NAME: IFN INSURANCE AGENCY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

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

Pursuant to the provisions of sections 607.0502, 617.05 the undersigned corporation organized under the laws of the section of		
submits the following statement in order to change its rethe State of Florida.		
1. The name of the corporation is:  IFN INSURANCE AGENCY, INC.		·
2. The mailing address of the corporation is: 6610 West E	Broad Street	
Richmond, VA 23230	and the state of t	
3. Date of incorporation/qualification: March 27, 1985	Document number: 541304309	· List wa
4. The name and address of the current registered agent an		
CT Corporation System	<u> </u>	
1200 South Pine Island Road	SECT SECTION	
Plantation, FL 33324		
5. The name and address of the new registered agent and o		ก 7
Corporation Service Company	ES.	. <u>.</u> `~
1201 Hays Street	0A 22	
Tallahassee, FL 32301		
The street address of its registered office and the street acagent, as changed, will be identical.	ddress of the business office of its registered	-
Such change was authorized by resolution duly adopted by authorized by the board	y its board of directors or by an officer so	
Ala M		
(Signature of an officer, chairman or vice chairman of the board)	October 29, 1999 (Date)	
George A . Massih III , Assistant Secretary		
(Printed or typed name and title)  Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered I further agree to comply with the provisions of all statutes a performance of my duties, and I am familiar with and accept registered agent.	agent and agree to act in this capacity.	
Corporation Service Company		1-1-1-1
Signature of Registered Agent)	November 01, 1999 (Date)	
If signing on behalf of an entity:	(244)	
Carol Dolor	Assistant Vice President	
(Typed or Printed Name)	(Capacity)	
* * * FILING FEE: \$35.00 * * *		

P. O. Box 6327

TALLAHASSEE, FL 32314

CR2EO45(7/97)

DIVISION OF CORPORATIONS