332102



FILED

00 OCT 23 PM 2: 41

ACCOUNT NO. : 072100000032

SECRETARY OF STATE TALLATIASSEE, FLORIDA

REFERENCE

: 872089

4340722

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: October 23, 2000

ORDER TIME : 11:04 AM

ORDER NO. : 872089

CUSTOMER NO: 4340722

CUSTOMER: Ms. Jeannie Aragon-cruz

American Bankers Insurance

11222 Quail Roost Drive

Miami, FL 33157

800003435598--4

CHANGE OF AGENT

NAME: VOYAGER GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

G. COULLIETTE (IC) 2 3 2000



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, the undersigned corporation organized under the laws of the State of _FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in	
1. The name of the corporation is: VOYAGER GROUP,	INC.
2. The mailing address of the corporation is: 11222 QUAIL ROOST DRIVE - MIAMI, FL 33157	
3. Date of incorporation/qualification: 07/08/1968	Document number: 332102
4. The name and address of the current registered age	ent and office:
ROBERT J. MILLER	
4250 LAKESIDE DRIVE, SUITE 304	
JACKSONVILLE, FL 32210	
5. The name and address of the new registered agent	
Corporation Service Company	PA 2
1201 Hays Street	The second secon
Tallahassee, Florida 32301	
The street address of its registered office and the stragent, as changed, will be identical.	eet address of the business office of its registered
Such change was authorized by resolution duly adopt the board.	oted by he board of directors or by an officer so
Michael Segra	10/11/a
(Signature of an officer, chairman of the	board) (Date)
Arthur W. Heggen, Vice President	
(Printed or typed name and title) Having been named as registered agent and to accept torporation, I hereby accept the appointment as regist further agree to comply with the provisions of all states to the provision of all states formance of my duties, and I am familiar with and registered agent.	tered agent and agree to act in this capacity. tutes relative to the proper and complete
Sy: Lawa Lageri. (Signature of Registered Agent)	10/23/00
	(Date)
f signing on behalf of an entity:	as its amont
Laura R. Dunlap (Typed or Printed Name)	as its agent (Capacity)
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* * * FILING FEE: \$35.00 * * *	

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