

## 591099

			02 SEC TAL
,	ACCOUNT NO.	: 072100000032	超岛工
	REFERENCE	: 761739 4385593	ASSEE ASSEE
	AUTHORIZATION	Patricia Parit	. hit is D
	COST LIMIT	: \$ 35.00	3: 48 LORIDA
ORDER DATE	: September 26, 20	02	
ORDER TIME	: 10:45 AM		
ORDER NO.	: 761739-210		
CUSTOMER NO	: 4385593	90000	J8178919
	Aon Corporation Aon Center 200 East Randolph D Chicago, IL 60601	rive 	-
	CHANGE OF A	<u>GENT</u>	
NAME	: SERVICEPLAN O	F FLORIDA, INC.	RECEIVED  02 001 -3 MH:  DIVISION OF COMPORAN
D7 D3 GD D	RN THE FOLLOWING AS	PROOF OF FILING:	AN III
	rified copy		50

EXAMINER:

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

the undersigned	corporation organized under the laws	of the State of Florida
submits the follo the State of Flor	•	registered office or registered agent, or both, in
1. The name of t	he corporation : SERVICEPLAN OF FLO	RIDA, INC.
2. The mailing a	ddress of the corporation : Tax Depar	tment, P. O. Box 8264, Chicago, IL 60680
3. Date of incor	poration/qualification: 10/25/1978	Document number: 5910395
4. The name and	l address of the current registered agent	and office: Holling B
_	CT Corporation System	
<u>:</u>	1200 S. Pine Island Road	#8 #8
	Plantation, FL 33324	
5. The name and	l address of the new registered agent (if (P. O. Box Not A	changed) and/or registered office (if changed):
<u>.</u>	Corporation Service Company	
<u>.</u>	1201 Hays Street	
	Tallahassee, Florida 32301	
The street addre	ess of its registered office and the stree ed, will be identical.	t address of the business office of its registered
Such change wa authorized by tk	as authorized by resolution duly adopte the board.	ed by its board of directors or by an officer so
( )	Le WA	09/20/2002
(Signature/	of an officer, chairman or vice chairman of the boar	rd) (Date)
nne Martin, At	torney-in-Fact (Printed or typed name and title)	<del> </del>
Having been na corporation, I h I further agree t performance of registered agen	med as registered agent and to accept ereby accept the appointment as regis to comply with the provisions of all sta my duties, and I am familiar with and t.	service of process for the above stated tered agent and agree to act in this capacity. States relative to the proper and complete accept the obligation of my position as
	ignature of Registered Agent)	09/20/2002 (Date)
If signing on behal		(Said)
ii siginiig on ochai	or an onticy.	
Louis J. Giaco	rando	Asst. Vice President

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