(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	
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ACCOUNT NO. : 072100000032

REFERENCE : 158837

7438808

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: January 21, 2005

ORDER TIME : 12:17 PM

ORDER NO. : 158837-010

CUSTOMER NO: 7438808

CUSTOMER: William M. Phillips, Jr.

Regions Financial Corporation

Suite 1250

417 N. 20th Street Birmingham, AL 35203

CHANGE OF AGENT

NAME: REGIONS AGENCY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

statement of ch	e provisions of sections 607.0502, nange is submitted for a corporation ler to change its registered office o	on organized under the laws of	the State of Alabama	
1. The name of	f the corporation: REGIONS AGE	NCY, INC.		
	al office address: 44 1st Alaba		ery, AL 36104-3513	
3. The mailing	address (if different): P. O. Box	10247, Attn: Rachel C	Caddell, Birmingham, AL 3	5202
4. Date of inco	rporation/qualification: 01/14/2	Document numb	er: F00000000307	
	nd street address of the current reg artment of State:	istered agent and registered offi	ce on file with the	
	C T Corporation System	1	0	
	1200 South Pine Island	Road	SEC	
	Plantation, FL 33324			
6. The name ar (if changed)	nd street address of the new registe: Corporation Service Cor		registered office FLORING P. 1. 5	
	1201 Hays Street		,	
	(P.O. Box NOT	acceptable)		
	Tallahassee, FL 32301			
The street add as changed wi	ress of its registered office and the identical.	ne street address of the busines	s office of its registered agent,	
	vas authorized by resolution duly the board, or the corporation has			
Man	un all		Attorney in Fact	
٠. ٠	ntitute of an officer of director) In the appointment as registered of the comply with the provisions of the comply with the provisions of the complex with and accepted in gilled merely to reflect a character of this been notified in writing of this	•	typed name and title) capacity. oper and complete performance as registered agent. Or, if this bress, I hereby confirm that the	
. 01	ion Service Company	01/20/2005		
By Clyst	Signature of Registered Agent)		(Date)	
If signing on b	ehalf of an entity:			
Elizabeth A	. Dawson, Asst. Vice Pre	es.		
	(Typed or Printed Name)			

* * * FILING FEE: \$35.00 * * *