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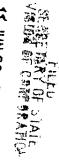
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DE CONTRACTOR OF STATE OF

R-A. Change C.COULLIETTE

JUN 2 2 2011

EXAMINER



ACCOUNT NO. : 12000000195

REFERENCE: 817929

AUTHORIZATION :

COST LIMIT : \$ 35

ORDER DATE: June 20, 2011

ORDER TIME : 9:08 AM

ORDER NO. : 817929-006

CUSTOMER NO: 7212552

CHANGE OF AGENT

NAME: ASPEN NATIONAL FINANCIAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS:

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

statement of ch		l, 607.1508, or 617.1508, Florida Statutes, th zed under the laws of the State of <mark>Colorado</mark> red agent, or both, in the State of Florida.		_		
1. The name of	the corporation: ASPEN NATIONAL I	FINANCIAL, INC.				
2. The principal						
3. The mailing						
4. Date of incor	poration/qualification: 05/03/2000					
	d street address of the current registered agreement of State:	ent and registered office on file with the				
	CT Corporation System					
	1200 South Pine Island Rd.					
	Plantation, FL 33324					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			2 PM I	RY OF S		
	Corporation Service Company					
	1201 Hays Street					
	(P.O. Box NOT acceptable)					
	Tallahassee, FL 32301					
The street address changed will	ess of its registered office and the street a lbe identical.	ddress of the business office of its registere	ed age	nt,		
Such change w authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.)			
Mal	ure of an officer or director)	Maureen Cathell, Vice President		-		
I hereby accept I further agree of my duties, ar document is bet corporation ha.	the annointment as registered agent and	(Printed or typed name and title) I agree to act in this capacity. tes relative to the proper and complete pery gation of my position as registered agent. C registered office address, I hereby confirm	formai Or, if i that i	nce his he		
By: S	on solvice company	06/17/2011		_		
If signing on he	gnatur d f Registered Agent)	(Date)				
	et, Asst. Vice President					
	l'yped or Printed Name)					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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