

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: August 23, 2001

ORDER TIME : 11:43 AM

ORDER NO. :

441391-155

CUSTOMER NO:

167868A

CUSTOMER:

Ms. Aprille M. Mitchell

First Union Corporation One First Union Center, Nc0630

Legal Division-31st Floor Charlotte, NC 28288-0630

CHANGE OF AGENT

NAME:

PROFESSIONAL DIRECT AGENCY,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

200004558612--8

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

the undersign	the provisions of sections 607.0502, 617.05 ned corporation organized under the laws of following statement in order to change its re	the State of Ohio	<u> </u>
the State of F		smered office or registered	i ageni, or boin, in
1. The name	of the corporation:		
PROFESSI	ONAL DIRECT AGENCY, INC.		
	ng address of the corporation: Suite 16,	400 LAZELLE ROAD	
	corporation/qualification: October 11, 2000	Dogument number 1	700000005601
	and address of the current registered agent an		.0000003631
The hame	CT Corporation System	d office:	
	1200 South Pine Island Road		SEC O
	Plantation, FL 33324		
5. The name a	and address of the new registered agent (if che) (P. O. Box Not Acce		F <sub>C</sub> m
	Corporation Service Company		
	1201 Hays Street		
	Tallahassee, FL 32301		
The street addagent, as char	dress of its registered office and the street ac nged, will be identical.	ldress of the business offic	e of its registered
	was authorized by resolution duly adopted by the board.		
(Coullo	me of an officer, chairman or vice chairman of the board)	8/21 (Dat	12001
aprille M. Mi	itchell, Assistant Secretary (Printed or typed name and title)		
I fürther agre performance o registered ago	named as registered agent and to accept ser I hereby accept the appointment as registere to comply with the provisions of all statute of my duties, and I am familiar with and acc	vice of process for the abord agent and agree to act its relative to the proper and rept the obligation of my parts.	ove stated n this capacity, nd complete osition as
	(Signature of Registered Agent)	8/34/01 (Date)	<del></del>
lf signing on beh	half of an entity:		
Deborah D. S		Assistant Vice Pre	esident
	(Typed or Printed Name)	(Capacity)	

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS