

## F00000005799

ACCOUNT NO. : 072100000032

REFERENCE: 650880

7342480

AUTHORIZATION

ORDER DATE : July 3, 2002

ORDER TIME : 12:57 PM

ORDER NO. : 650880-225

CUSTOMER NO: 7342480

CUSTOMER: Ms. Chelle Goldetsky

Trewit, Inc.

708 E. Lake Street

Wayzata, MN 55391

200008278552--6

## CHANGE OF AGENT

NAME:

HARRINGTON BENEFIT SERVICES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

C. Coulliste OCT 0 9 2002



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

	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, and corporation organized under the laws of the State of Delaware	Florida Statutes,
•	llowing statement in order to change its registered office or registered	agent, or both, in
the State of Flo		F
1. The name of	f the corporation:	FS
HARRINGTO	N BENEFIT SERVICES, INC.	ALT 1-9
2. The mailing	address of the corporation: 708 E. LAKE STREET	SEE C
WAYZATA,	MN 55391	FS 9
3. Date of inco	orporation/qualification: October 17, 2000 Document number:	F000 00 505799
4. The name ar	nd address of the current registered agent and office:	
	CT Corporation System	_
	1200 South Pine Island Road	
	Plantation, FL 33324	
5. The name a	nd address of the new registered agent (if changed) and/or registered off (P. O. Box Not Acceptable)	ice (if changed):
	Corporation Service Company	
	1201 Hays Street	
	Tallahassee, FL 32301	
The street addagent, as change	ress of its registered office and the street address of the business office ged, will be identical.	e of its registered
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or l the board.	oy an officer so
Lucias	( Drice 10/3)	02
(Signature	e of an officer, chairman or vice chairman of the board) (Date	e)
GEORGE E. LUC		
Umina haan n	(Printed or typed name and title)	atatad
corporation, I I further agree performance of registered age		ı this capacity. d complete
~ ^	Service Company  Out A. No LAN  10/4/192	
	Signature of Registered Agent) (Date)	
If signing on beha	Cynthia L. Harris as its agent	
	(Typed or Printed Name) (Capacity)	

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