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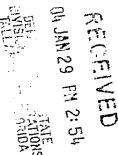
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Special Instructions to Filing Officer:							

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ACCOUNT NO. : 07210000032
REFERENCE : 316822 7334563
AUTHORIZATION: Patricia Piguto
COST LIMIT : \$ 35.00
ORDER DATE: November 11, 2003
ORDER TIME : 11:21 AM
ORDER NO. : 316822-195
CUSTOMER NO: 7334563
CUSTOMER: Ms. Judy N. Kelley Cbca Administrators, Inc. Suite 900 4150 International Plaza Fort Worth, TX 76109-4899
CHANGE OF AGENT
NAME: CBCA INSURANCE SERVICES, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Ellyn Herndon EXT# 2945 EXAMINER:

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

change is submit	provisions of sections (tted for a corporation (organized under the	laws of the State o	f_Texas			ent of n order
to change its reg	pistered office or regist	ered agent, or both,	in the State of Flo	rida.			
1. The name of t	he corporation: CBCA	INSURANCE SERV	ICES, INC.	····			
	office address: 4150						09
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification:	anuary 26, 2 00	Document nur	nber: <u>F0100000</u>	0545		
	I street address of the content of State:	urrent registered age	nt and registered o	office on file with t	SECINE TALLAI	04 J	****
	CT Corporation	System				JAN 2	===
	1200 South Pine	Island Road				9	П
	Plantation, FL	33324			107	±:	Ų
6. The name and (if changed):	l street address of the n				A	F	-
	Corporation Ser	vice Company	· · · · · · · · · · · · · · · · · · ·				
	1201 Hays Street	<u>.</u>			. •		
		(P,O. Box or personal ma	lbox NOT acceptable)				
-	Tallahassee, FL	32301		- 1	<u> </u>		
The street addre	ess of its registered off identical.	ice and the street ac	ldress of the busin	ness office of its r	egistered a	igent,	as
Such change wa	as authorized by resolu e corporation has been	ition duly adopted b notified in writing	by its board of dir of the change.	ectors or by an of	ficer so au	thoriz	ed by
Lana	Signature of an officer or direct	2	Laura	R. Dunlap, At (Printed or typed name)		n Fa	ct
•	the appointment as re to comply with the pro I familiar with and acc Ply to reflect a change writing of this change	<i>y</i> '	agree to act in the es relative to the of my position as fice address, I he			nance docur ation	e of my ment i. has
Corporation	Service Company	-		1/23/	lod		
By: UM	Signature of Registered Agen			(Date)			
If signing on be	half of an entity:	Cynthia L. as its a					
	(Typed or Printed Name)		· <u></u>	(Capaci	ty)		

· - '- 1'= -

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