F0100000308/

(Re	questor's Name)	
(Ad	ldress)	
(0.1		<u> </u>
(AO	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
/Bu	siness Entity Nar	na)
(Du	Siliess Littly Nat	ne)
(Do	cument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2006 JAN 31 AM 8:51

RA Change

C. Coulliste FFB 0 2 2000

PREMIER CORPORATE SERVICES, INC.

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200 West Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

January 23, 2006

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VIA REGULAR MAIL

Division Of Corporations Florida Department Of State 409 E. Gaines Street Tallahassee, FL 32399

RE: Lutheran Trust, Inc.

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above caption in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Anthony Alexander

AA/ch. Encl.

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

				1508, Florida Statutes, Missouri		
to change its registere	-					
1. The name of the con	poration: Luther	ran Trust, Inc.				
2. The principal office	address: 70 Corp	porate Hills Drive				
St. Charles, MO	63301			-	<u>, </u>	
3. The mailing address	(if different):				· · ·	
4. Date of incorporation	on/qualification: 6	5/8/2001	_ Document num	hber: F01000003081		
5. The name and stree Florida Department		urrent registered agent	t and registered o	ffice on file with the		
CTC	Corporation Syst	em			_ A	21
1200	South Pine Isla	and Drive				<u>8</u>
Plar	tation, FL 3332			<u>-</u>	TART JASSE J	18 NAC 900
6. The name and stree (if changed):	t address of the ne	ew registered agent (i	f changed) and /o	r registered office	E FLO	31 AM 8:
	IRAI Services, In-	c,		<u> </u>	AIDA —	5
2	731 Executive Pa	ark Drive, Suite 4		-		
		(P.O. Box or personal mail)	oux NOT acceptable)		_	
	Veston, FL 3333	11		-		
The street address of changed will be iden	its registered offi	ice and the street add	dress of the busin	ness office of its regist	tered age	nt, as
Such change was aut the board, or the corp	horized by resolu oration has been	ition duly adopted by notified in writing o	y its board of dir of the change.	ectors or by an officer	r so autho	rized by
XAH			Kermit	M. Starnes, President		
_	e of an officer or direct	-		(Printed or typed name and		
I hereby accept the a I further agree to con duties, and I am fam being filed merely to been notified in writt NRAI Services, Inc.	iliar with and acc reflect a change	cept the obligation o in the registered off	igree to act in the stream of	is capacity, proper and complete pregistered agent. Or, reby confirm that the	performa if this do corporati	nce of my cument is on has
by: Mother	amela		January	23 2006	_	
Signa	ure of Registered Agen	it)		_ (Date)		
If signing on behalf	of an entity:					
Anthony Alexander			Assistan	t Secretary		т
(Typ	ed or Printed Name)			(Capacity)		

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