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2010 JAN -4 AMII: 09
FALLAHASSEE, FI DRIE,

R.A.

TB

JAN - 8 2010

^{*}To: FL Corporation Division.

Enclosed please find one Statement of Change form and a check for \$35.00 for the filing fee.

If there are any questions regarding this filing please call Lara Kleinheinz at 1-866-924-9247 ext. 225

Please return all completed documents to:

CTProComply
Attn: Filing Department
8040 Excelsior Drive, Suite 200
Madison, WI 53717

Best Regards,

Filing Department CTProComply

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Singe is submitted for a corporation organized under the laws of the State of $\frac{N}{2}$ for the State of Florida Single its registered office or registered agent, or both, in the State of Fl	finnesota		
	the corporation: Maguire Agency, Inc.	orna.		
2. The principal	office address: 1935 County Road B2W, St. Paul, MN 55113			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 9/18/2006 Document number:	F06000005	968	
	d street address of the current registered agent and registered office on file wit rtment of State: (If resigned, enter resigned)	h the		
	CORPORATION SERVICE COMPANY	-		
	1201 HAYS ST.	_		
	TALLAHASSEE FL 32301			
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offi	SECRETA	- NVF 0102	(***) ****
	C T Corporation System	HY:	£	1
	1200 South Pine Island Road			111
	P.O. Box NOT acceptable	ORID		State .
	Plantation, FL 33324	יז –	9	
The street address changed will	ess of its registered office and the street address of the business office of it be identical.	s registered	l agent,	
Ç	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer so		
Sha	Sharon Seymour, Vice P			
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and con nd I am familiar with and accept the obligation of my position as registere ing filed merely to reflect a change in the registered office address, I herel s been notified in writing of this change.		ormance r, if this that the	e 5
By:	20 12/18/09 20 Date			
	ehalf of an entity:			
	ns, AVP, C T Corporation System			
	Fyped or Printed Name			
	* * * FILING FEE: \$35.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FL006 - 07/23/2009 C T System Online

CR2E045 (8/05)