ST. LOUIS, GUE		Office	Use Only
,	poration Name)	(Document #)	SECR DIVISION 97 OC
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4(Corp	Pick up time	(Document #) (Document #) Certified Co	
Profit NonProfit Limited Liability Domestication Other	AMENDMEN Amendment Resignation of R.A Change of Registe Dissolution/Withd Merger	A., Officer/Director red Agent Add 4000	023083047 0/01/9701024005 ***280.00 *****35.00
OTHER FILINGS: Annual Report Fictitious Name Name Reservation	REGISTRA QUALIFIC Foreign Limited Partnershi Reinstatement Trademark Other	ATION #	-97

Examiner's Initials

CR2E031(1/95)

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

Pursuant to the provisions of sections 607.0502, 617.0502 the undersigned corporation organized under the submits the following statement in order to change it both, in the State of Florida.	t, 607.1508, or 617.1508, Florida Statutes, lee laws of the State ofs registered agent, or
1a. The name of the corporation is:CHEROSA, INC.	
1b. The mailing address of the corporation is: <u>c/o Ch</u>	ase Enterprises
One Gommercial Plaza, Hartford, CT 06103 Atten	tion; Joseph Korzenik
1c. Date of incorporation: 04/10/81 Doc	sument number: F24720 (7)
2. The name and address of the current registered ag-	ent and office:
Roland R. St.Louis, Jr Friedma 2300 Miami Center 201 So. Biscayne Boulevard	
Miami, FL 33131-4329	- CEAS
3. The name and address of the new registered agent a Roland R. St.Louis, Jr St.Loui 201 So. Biscayne Boulevard - Miam	s, Guerra & Auslander, P.A.
Miami, FL 33131-4325	
The street address of its registered office and the streegistered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted so authorized by the board.	d by its board of directors or by an officer
Oh a char	9/24/97
(Signature of an officer, chairman or wice chairman of the board)	(Date)
Cheryl A. Chase, Executive Vice President	
(Printed or typed name and title)	
Having been named as registered agent and to accept corporation, I hereby accept the appointment as register I further agree to comply with the provisions of all state performance of my duties, and I am familiar with an registered agent.	red agentand agree to actin this capacity. Atutes relative to the proper and complete
ren/CAL.	9-26-97
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045(11/94)

FILING FEE: \$35.00