

ACCOUNT NO.

072100000032

REFERENCE

5056396

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE : February 23, 1999

ORDER TIME :

9:31 AM

ORDER NO. : 144779-270

CUSTOMER NO:

5056396

CUSTOMER: Ms. Cheryl Goldschmitt

Aimco

1225 Eye Street, Nw

Suite 200

Washington, DC 20005

CHANGE OF AGENT

IMH, INC.

700002785417--6

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Cassandra Lamm

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the			
		State of Florida.	•
		1. The name of the corporation is: IMH, INC.	•
2. The mailing address of the corporation is: 1873 Sou	th Bellaire Street Suite 1700		
Denver, CO 80222			
3. Date of incorporation/qualification: December 21, 1	Document number: <u>F92000000822</u>		
4. The name and address of the current registered agent a	nd office:		
C T Corporation System			
1200 South Pine Island Road			
Plantation, FL 33324	200		
5. The name and address of the new registered agent and	office: (P. O. BoxNot Acceptable)		
Corporation Service Company			
1201 Hays Street	FE FLORE 5		
Tallahassee, FL 32301	7		
The street address of its registered office and the street agent, as changed, will be identical.	address of the business office of its registered		
Such change was authorized by resolution duly adopte authorized by the board. IMH, Inc.	d by its board of directors or by an officer so		
By: Chryl 9 Robbus	1/19/99		
(Signature of an officer, chairman or vice chairman of the board) (Date)		
Cheryl E. Goldschmitt - Assistant Secreta	ry <u>1/19/99</u>		
(Printed or typed name and title)	(Date)		
Having been named as registered agent and to accept scorporation, I hereby accept the appointment as registed further agree to comply with the provisions of all state performance of my duties, and I am familiar with and corrested agent.	ered agent and agree to act in this capacity. utes relative to the proper and complete		
Maurela Cullen	2/23/59		
(Signature of Registered Agent)	(Date)		
if signing on behalf of an entity:			
Maureen Cullen	Asst. Vice President		
(Typed or Printed Name)	(Canacity)		