CT Corporation System

C1 Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

W.P. Verifier_

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CORPORATION(S) NAM	Æ	
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Allsup, Inc. d/b/a Allsup, Inc. of Illinois		10 hange
		SHCK TALLL
() Profit	() Amendment	() Merger F, F
() Nonprofit () Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark RIDA 22
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other (x) Change of RA () UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up
Name Availability 2 5 0 Document Examiner AR Updater Verifier Acknowledgement	O2/15/00	OO FEB JUSION OF TALL ABASS

Florida Department of State, Jim Smith, Secretary of State

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

Florida Statutes, the undersigned corporation organized under the laws of the State of Illinois submits the following statement in order to change its registered office
or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: Allsup, Inc.
d/b/a Allsup, Inc. of Illinois
1b. Date of incorporation Jan. 7, 1985 Document number F9300000733
2. The name and address of the current registered agent and office:
Ron Douthit
5836 S. Semoran, Orlando, FL 32822-4425
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation 3332
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. X Manuary James F. Allsup - Owner January 14, 2000 DATE Type or printed name and title)
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE BY 1. S. PLUE (Registered Agent) DATE 2/11/2000
(Registered Agent)
DATE <u>2////2000</u>
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)