THE UNITED STATES **CORPORATION** 中に関連はAppart 117 appartments (Experience Line) to the Line (Experience Line) Line (Experience Line

ACCOUNT NO. : 072100000032

REFERENCE : 589505 7189970

AUTHORIZATION

COST LIMIT

ORDER DATE: February 15, 2000

ORDER TIME : 11:18 AM

ORDER NO. : 589505-035

600003188076--2

CUSTOMER NO: 7189970

CUSTOMER: Ms. Donna Blake

Ge Financial Assurance 6604 West Broad Street Third Floor-legal Dept. Richmond, VA 23230

CHANGE OF AGENT

NAME: GNA INSURANCE SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Janine Lazzarini

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

Fursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes he undersigned corporation organized under the laws of the State of	,
ubmits the following statement in order to change its registered office or registered agent, or both, in	I
he State of Florida.	
. The name of the corporation is: GNA INSURANCE SERVICES, INC.	
. The mailing address of the corporation is: 6604 W. Broad Street, Richmond, VA 23230	
. Date of incorporation/qualification: 8/2/93 Document number: F93000003531	
. The name and address of the current registered agent and office:	
CT Corporation System	÷
1200 South Pine Island Road	
Plantation, FL 33324	
. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street address of the business office of its registered gent, as changed, will be identical.	
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board.	
3/20 ,2000	
(Signature of an officer, chairman or vice Shairman of the board) (Date)	
ard E. Bobitz, Vice President	
(Printed or typed name and title)	
Taving been named as registered agent and to accept service of process for the above stated orporation, I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as egistered agent.	
y: (March 28, , 2000 (Signature of Registered Agent) (Date)	
(Signature of Registered Agent) (Date) signing on behalf of an entity:	
arol K. Dolor, Asst. Vice President	
(Typed or Printed Name) (Capacity)	
*** FILING FEE: \$35.00 ***	

CR2EO45(7/97)