## 000121

Florida Department of State

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From:

Account Name : C T CORPORATION SYSTEM

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## REGISTERED AGENT CHANGE

1717 BROKERAGE SERVICES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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3/29/2005

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

Pursuant to the	e provisions of sections 607.0502, 617. of change is submitted for a corporation	organized under the laws of the Si	tate of	
Pennsylvania	in order to change its registered	l office or registered agent, or bo	th, in the State	
of Florida.				
1. The name of	f the corporation: 1717 Brokesse Services,	Inc.	<del></del>	
2. The principal office address: 1000 Chesterbrook Blvd., Berwyn, PA 19312-2419				
3. The mailing	address (if different): P.O. Box 1717, Vill	cy Forge, PA 19482		
4. Date of inco	poration/qualification: 3/10/94	Document number: F9400	0001316	
	nd street address of the current registered artment of State:	agent and registered office on file		
	Corporation Service	Company	m <del>/</del> ≺	
	1201 Hayes S	inect		
	Tallabassos, FL	32301 ;	L:: L STAI 1 ORR	
6. The name a changed):	nd street address of the new registered	agent (if changed) and /or regist	ട്ടുന്ന് <b>ധ</b>	
viiiigou).	C T Corporation	System		
•	c/o C T Corporatio	•		
•	(P.O. Box or personal mailton: 1200 South Pine Island Road, Pi			
	ess of its registered office and the street and will be identical.	address of the business office of		
Such change was authorized by t	as authorized by resolution duly adopted he board, of the corporation has been no	i by its board of directors or by as tified in writing of the change.	n officer so	
Mes		GLENN W. SODEN AN	MAD AURTHAN SECURITAR	<
I kereby accept I further agree performance of registered ager office address,	t the appointment as registered agent an to comply with the provisions of all state my duties, and I am familiar with and a st. Or, if this document is being filed me I hereby confirm that the corporation has Copporation by Copporation System	d agree to act in this capacity.  d agree to act in this capacity.  utes relative to the proper and co  accept the obligation of my positive  rely to reflect a change in the reg  as been notified in writing of this	mplete on as istered change.	1
By fan	al Currel	3-27-05		
(1)	factors of Regulated Agent)	(Date)	<del></del>	
If signing on behal	Cerci Recomi			
(1	Typed or Printed Name State Secretary	(Capacity)	<del></del>	
	* * * FILING FEE: S	\$35.00 * * *		

MAKE CHECKS PAYABLE TO PLOBIDA DEPARTMENT OF STATE AND MAIL TO: DIVIDION OF CONFORATIONS, P.O. BOX 6327, TALLAHARSEE, FL 32314