## F94000004855



ACCOUNT NO. : 072100000032

REFERENCE : 717302 5123330

AUTHORIZATION

COST LIMIT

ORDER DATE: June 1, 2000

ORDER TIME: 11:47 AM

ORDER NO. : 717302-195

200003275132--1

CUSTOMER NO: 5123330

CUSTOMER: Ms. Heather Bellville

Cox Enterprises, Inc 1400 Lake Hearn Drive

Atlanta, GA 30319

CHANGE OF AGENT

NAME: COX HRP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

O COULLIETTE JUN 0 2 2000

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

Pursuant to the provisions of sections 607.0502, 617 the undersigned corporation organized under the laws	
submits the following statement in order to change its the State of Florida.	· · · · · · · · · · · · · · · · · · ·
1. The name of the corporation is:	
2. The mailing address of the corporation is: 1400 Lake	e Hearn Drive
3. Date of incorporation/qualification: September 20,	1994 Document number: E94000004855
4. The name and address of the current registered agent	
CT Corporation System	UN TI
1200 South Pine Island Road	
Plantation, FL 33324	
5. The name and address of the new registered agent an	
Corporation Service Company	0 N
1201 Hays Street	
Tallahassee, FL 32301	
The street address of its registered office and the stree agent, as changed, will be identical.	t address of the business office of its registered
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
Am	MAY 23 2001
Signature of an officer, chairman or vice chairman of the boa	rd) (Date)
Andrew A. Merdek, Secretary  (Printed or typed name and title)	
Having been named as registered agent and to accept se corporation, I hereby accept the appointment as register I further agree to comply with the provisions of all statut performance of my duties, and I am familiar with and acregistered agent.	ed agent and agree to act in this capacity.  tes relative to the proper and complete.
By: Authorah (L. Skipper)	6-1-00
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:  Deborah D. Skipper	
(Typed or Printed Name)	Assistant Vice President (Capacity)
* * * FILING FEE: \$35.00 * * *	

CR2EO45(7/97)