

072100000032 ACCOUNT NO.

474420 4728366 REFERENCE

600002255646--2

AUTHORIZATION

COST LIMIT :

ORDER DATE: July 24, 1997

ORDER TIME : 2:24 PM

ORDER NO. : 474420

CUSTOMER NO: 4728366

CUSTOMER: Ms. Mary Jo Buttstadt

Kemper Corporation Legal Dept C-3

1 Kemper Drive

Long Grove, IL 600490000

CHANGE OF AGENT

KEMPER RISK MANAGEMENT NAME:

SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: TONYA C. HOLLIDAY

## Florida Department of State, Jim Smith, Secretary of State

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

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 submits the following statement in order to change its registered office or registered agent, or both, in the State Florida.
1a. The name of the corporation is:
KEMPER RISK MANAGEMENT SERVICES, INC.
1b. Date of incorporation:Document number
2. The name and address of the current registered agent and office:  THOMAS A DARE  TO SEE 19  A 19  THOMAS A DARE
1601 S.W. 80TH TERRACE PLANTATION FL 333324
3. 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 agent and the street address of the business office of its registered agent as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by
an officer so authorized by the board.
- Willet
SIGNATURE  SIGNATURE  SIGNATURE  Typed or printed name and title  Puly 8, 1997  DATE
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.  CORPORATION SERVICE COMPANY

DATE

SIGNATURE EY: Vicky Sahreeley