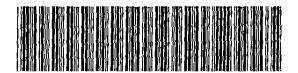
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(Re	equestor's Name)	
(Ac	idress)	
	idress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	TIAW [MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE: 158837 ---7438808

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 21, 2005

ORDER TIME : 12:18 PM

ORDER NO. : 158837-060

CUSTOMER NO: 7438808

CUSTOMER: William M. Phillips, Jr.

Regions Financial Corporation

Suite 1250

417 N. 20th Street Birmingham, AL 35203

CHANGE OF AGENT

NAME: REGIONS BANK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

		0502, 607.1508, or 617.1508, Florida Statutes, this
		ganized under the laws of the State of Alabama gistered agent, or both, in the State of Florida.
		-
1. The name of	of the corporation: REGIONS BANK	
2. The princip	pal office address: 417 N. 20th Stre	eet, Suite 400, Birmingham, AL 35203
• •		
3. The mailing	g address (if different): P. O. Box 10	247, Attn: Rachel Caddell, Birmingham, AL 35202
4. Date of inco	orporation/qualification: 03/27/1995	Document number: F95000001450
	and street address of the current registers partment of State:	ed agent and registered office on file with the
	C T Corporation System	
	1200 S. Fine Island Road	表表 近 代
	Plantation, FL 33324	To the second se
6. The name a (if changed)	and street address of the new registered a	agent (if changed) and /or registered office
	Corporation Service Compan	У
	1201 Hays Street	
	(P.O. Box NOT accept	table)
	Tallahassee, FL 32301	
The street add	dress of its registered office and the strill be identical.	reet address of the business office of its registered agent,
Such change vauthorized by	was authorized by resolution duly ado the board, or the corporation has been	pted by its board of directors or by an officer so inotified in writing of the change.
ma	unear after	Maureen Cullen, Attorney in Fact
/(Sign	ature of an officer or director)	(Printed or typed name and title)
I further agre of my duties, a document is b corporation h	and I am familiar with and accept the leing filed merely to reflect a change i las been notified in writing of this char	statutes relative to the proper and complete perjormance obligation of my position as registered agent. Or, if this n the registered office address, I hereby confirm that the
_ 21	tion Service Company	01/20/2005
By Thy	Signature of Registered Agent)	(Date)
If signing on l	behalf of an entity:	
Elizabeth A	A. Dawson, Asst. Vice Pres.	
	(Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *