## 

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entry Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only





ACCOUNT NO. : 07210000032				
REFERENCE : 830880 7576670				
AUTHORIZATION CAMEBOLE MAN				
COST LIMIT : 35.00				
ORDER DATE : April 1, 2007				
ORDER TIME : 10:24 AM				
ORDER NO. : 830880-375				
CUSTOMER NO: 7576670				
CHANGE OF AGENT				
·				
NAME: AMANA FINANCIAL SERVICES, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Debbie Skipper				
EXAMINER'S INITIALS:				

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

		, 617.0502, 607.1508, or 617.1508, Florida Statute.	
		ion organized under the laws of the State of Delaw	
in orde	er to change its registered office	or registered agent, or both, in the State of Florida	•
1. The name of	the corporation: AMANA FINAL	NCIAL SERVICES, INC.	
2. The principal	l office address: 403 W. 4th Street	et N, Newton, IA 50208	
3. The mailing	address (if different): 70 Maytag	Corp., 403 W. 4th Street N, Newton, IA 50208	
J	,		
4. Date of incor	rporation/qualification: April 26,	1995 Document number: F95000002030	
	d street address of the current regartment of State:	gistered agent and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name an (if changed):	<u> </u>	ered agent (if changed) and /or registered office	07 APR -4 AM SECRÉTARY OF TALLAHASSEE.
	Corporation Service Company		-L AR) ASS
	1201 Hays Street		AM II: 2 / OF STAT EE, FLORI
	(P.O. Box NO	Tacceptable)	MII: 21 F STATE FLORID
	Tallahassee, FL 32301		
The street addr as changed wil	ress of its registered office and t I be identical.	the street address of the business office of its regis	stered agent,
		y adopted by its board of directors or by an office s been notified in writing of the change.	er so
Thurs	ture of an officer or director)	Maureen Cullen, Attorney In Fact (Printed or typed name and title)	
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment as registered to comply with the provisions of nd I am familiar with and accep ging filed merely to reflect a cha as been notified in writing of thi	agent and agree to act in this capacity, of all statutes relative to the proper and complete of the obligation of my position as registered ageninge in the registered office address, I hereby cons change.	performance nt. Or, if this firm that the
By://	n Service Company  LUC R-LOUI  ignature of Registered Agent)	noz apri 38	1000
If signing on b	ehalf of an entity:		
Michelle R. Var	nnoy, Asst. Vice President		
	(Typed or Printed Name)	<del>_</del>	

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