Division of Corporations

CT PERPORMENT

Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

SECURIAN FINANCIAL NETWORK, INC.

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

		is 607.0502, 617.0502, 607.1508, or 617.150	
		for a corporation organized under the laws of	
Minnesota	in order to cha	nge its registered office or registered agent, o	ir both, in the state
of Florida.	v		至三
		ian Financial Network, Inc.	Sign w
The principa	l office address: 400 R	obert Street North, St. Paul, Minnesota 55101	700 3
3 The mailing	address (if different):_		의로 경
0. 10. E-E-E			Ori
4. Date of incom	poration/qualification:	May 18, 1995 Document number: 1	195000002435
	_		
	d street address of the tartment of State:	current registered agent and registered office of	u me what me
		Mark Bugziski	* E.s
,		198 W. Camino Gardens Blvd.	
	,	Boca Raton, Flunda 33432-5827	
6. The name at	nd street address of th	e new registered agent (if changed) and /or r	
changed):		a saw and admired (in committee) many on a	-0
,		C T Corporation System	
	•	c/o C T Corporation System	•
		Box or personal trailhor. NOT acceptable)	
, ,	· —	Pins Island Road, Plantation, Florida 33324	 -
		Ice and the street address of the business offic	
Such change we authorized by the	as authorized by resolu as boards or the corpor	rtion duly adopted by its board of directors or ation has been notified in writing of the chang	by an officer so ;e.
(Signature of the Shice	ohumman in vice champion of	Vice President and Secretary (President and Secretary)	etary
I hereby accept I finither agree : performance of registered agen office address,)	the appoinment as be to comply with the pro- my duties, and I am fa t. Or, if this document hereby confirm that t	gistered agent and agree to act in this capacit visions of all statutes relative to the proper a miliar with and accept the obligation of my p is being filed merely to reflect a change in the he corporation has been notified in writing of	ty. id complete osition as e registered this change.
Dr. Milli	The puration system	12/32/04	
	ignature of Registered Agent)	Michele Miller (Date)	
If signing on behal	fof an entity:	sistant Secretary	
~" (T	yped or Printed Name)	(Capacity)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DEVISION OF CORPORATIONS, P.O. BOX 6327, TALLARASSEE, FL 32314