F96000006042

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ACCOUNT NO. : 072100000032

REFERENCE: 380771 167868A

AUTHORIZATION : Total

COST LIMIT : \$ 35.00

ORDER DATE: December 31, 2003

ORDER TIME : 9:45 AM

ORDER NO. : 380771-045

CUSTOMER NO: 167868A

CUSTOMER: Ms. Beverly Jackson

Wachovia Corporation

One Wachovia Center, Nc0630 301 South College Street-30th

Charlotte, NC 28288-0630

CHANGE OF AGENT

NAME: AMI CAPITAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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

change įs subm	provisions of sections 607.0502, 617.0502, itted for a corporation organized under the l gistered office or registered agent, or both, i		tatement of in order
1. The name of	the corporation: AMI CAPITAL, INC.		
	office address: 7255 Woodmont Avenu	ue, Suite 200,	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 11/19/1996	Document number: F96000006042	
	d street address of the current registered ager rtment of State:	nt and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324	Si IA	0
6. The name and (if changed):	d street address of the new registered agent (i	if changed) and /or registered office LLAHASS	FIL 4 FEB -2
	Corporation Service Company		
	1201 Hays Street	ALS.	AM III
	(P.O. Box or personal mail	box NOT acceptable)	57
	Tallahassee, FL 32301		
The street addre changed will be	ess of its registered office and the street add identical.	dress of the business office of its registered a	gent, as
Such change wa	as authorized by resolution duly adopted be corporation has been notified in writing of	y its board of directors or by an officer so aut of the change.	horized by
Benuly	Signature of an afficer or director)	Beverly W. Jackson, Asst. S (Printed or typed name and title)	ecretary
I hereby accept I further agrée duties, and I an being filed merc been notified in	the appointment as registered agent and a to comply with the provisions of all statute a familiar with and accept the obligation o ely to reflect a change in the registered off writing of this change.	gree to act in this capacity s relative to the proper and complete perforn f my position as registered agent. Or, if this ice address, I hereby confirm that the corpor	nance of my document is ation has
Corporation By: Camb	Service Company That Yawa (Signature of Registered Agent)	1/29/04	
(' If signing on bo	(Signature of Registered Agent)	(Datc)	
	a L. Gaers	Designation William Properties	
CAMANI	(Typed or Printed Name)	Assistant Vice President (Capacity)	

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