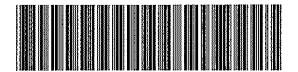
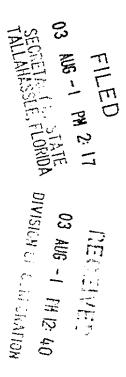
F96006

(Re	questor's Name)	
bA)	dress)	
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ACCOUNT NO. : 072100000032

REFERENCE: 188278 4319772

AUTHORIZATION

ORDER DATE: July 30, 2003

ORDER TIME : 10:09 AM

ORDER NO. : 188278-480

CUSTOMER NO: 4319772

CUSTOMER: Ms. Faye L. Kunz-mac-f8202-101

Wells Fargo Financial, Inc.

206 8th Street

Des Moines, IA 50309

CHANGE OF AGENT

NAME: WELLS FARGO FINANCIAL FLORIDA, "

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Parramore -- EXT# 1147

EXAMINER:

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

	-	617.0502, 607.1508, or 617.1508, Florida Statutes, ation organized under the laws of the State of	
Florida	•	stered office or registered agent, or both, in the State	
of Florida.			
•	of the corporation: WELLS FARGO FINA	NCIAL FLORIDA, INC.	
	oal office address: 800 Walnut Stre		
z. The philop	an office actives. Ove warnet sere	st, Des Mornes, IA 30309 3030	_
2 The mailing	a address (if different):		_
5. The maning	g address (if different):		_
4. Date of inc	orporation/qualification: 08/18/1982	Document number: F969067	_
	and street address of the current regis partment of State:	tered agent and registered office on file with the	1
	R.E. Good		,
	The Crescent at Primera, Bldg 255 Primera Blvd., Suite 328	i. Five	
	Lake Mary, FL 32746	<u> </u>	
6. The name changed):	and street address of the new regis	stered agent (if changed) and /or registered office (if	
.	Corporation Service Company		
	1201 Hays Street (P.O. Box or personal	mailbox NOT acceptable)	
	Tallahassee, FL 32301		
agent, as char	nged will be identical.	street address of the business office of its registered	
		dopted by its board of directors or by an officer so een notified in writing of the change.	
Fay	cer, chairman or sice chairman of the board)	Faye L. Kunz, Secretary (Printed or typed name and title)	
I hereby acce I further agre performance registered ag office address	pt the appointment as registered age to comply with the provisions of a of my duties, and I am familiar with ent. Or. if this document is heing fi	rent and agree to act in this capacity. Ill statutes relative to the proper and complete and accept the obligation of my position as led merely to reflect a change in the registered tion has been notified in writing of this change.	
	(Signature of Registered Agent) half of an entity:	(Date)	
	·	Asst. Vice President	
Anne M. Mart	(Typed or Printed Name)	(Capacity)	

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