

ACCOUNT NO. : 072100000032

REFERENCE

_3361.95

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: August 10, 1999

ORDER TIME :

2:03 PM

ORDER NO. : 336195-015

CUSTOMER NO:

4320916

000002957470

CUSTOMER:

Tahir Nawab, Legal Assistant

Dorsey & Whitney L.l.p.

250 Park Avenue, Suite 1500

New York, NY 10177

CHANGE OF AGENT

NAME: LEGACY CAPITAL GROUP INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

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

š	ne provisions of sections 607.0502, 617.0502 ad corporation organized under the laws of the		08, Florida Statutes,
-	llowing statement in order to change its regis	•	ed agent, or both, in
the State of Flo			,,
-	of the corporation is: LEGACY CAPITAL GROUP.	INC.	
	<u> </u>		
2. The mailing	g address of the corporation is: 2900 Cove	Cay Drive, Suite 3	G Clearwater,
FLORIDA .		•• _	-
3. Date of inco	orporation/qualification: Febuary 05,1997	Document number	<u> F97000000609</u>
4. The name a	and address of the current registered agent and	office:	
	CT CORPORATION SYSTEM		
	1200 South Pine Island Road		SECOLORIAN SECOLORIA SECOLORIAN S
	Plantation, FL 33324		置馬刀
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptate)			eptage = [
	Corporation Service Company	·	Fig. 2 D
	1201 Hays Street		95 5
	Tallahassee, Florida 32301		
The street addragent, as chang	ress of its registered office and the street add ged, will be identical.	dress of the business of	fice of its registered
Such change wanthorized by t	vas authorized by resolution duly adopted by the board,	its board of directors of	or by an officer so
Edgart	Hulliams	Jul	y 27, 1999
(Signatu	re of an officer, chairman or vice chairman of the board)		(Date)
EDGAR H. WILL	LIAMS, PRESIDENT		
(Printed or typed name and title)			
corporation, I i I further agree	amed as registered agent and to accept service hereby accept the appointment as registered a to comply with the provisions of all statutes refimy duties, and I am familiar with and accept nt.	gent and agree to act in Elative to the proper and	this capacity. l complete
By:	and Dolo-	August 10, 199	99
	(Signature of Registered Agent)	(Date)	
If signing on behalf	f of an entity:		
Carol Dolo	(Typed or Printed Name)	Assistant Vice Pre	
(Typed or Printed Name) (Capacity)			
* * * FILING FEE: \$35.00 * * *			

CR2EO45(7/97)