ACCOUNT NO. :

072100000032

REFERENCE :

137846

5056396

AUTHORIZATION

COST LIMIT :

\$ 35.00

ORDER DATE: February 17, 1999

ORDER TIME: 11:36 AM

400002783094--

ORDER NO. : 137846-495

CUSTOMER NO: 5056396

CUSTOMER: Ms. Cheryl Goldschmitt

Aimco

1225 Eye Street, Nw

Suite 200

Washington, DC 20005

CHANGE OF AGENT

SNAME:

INSIGNIA RELATED, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

___ PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

Florida Department of State, Sandra B. Mortham, Secretary of $\overline{\overline{S}}$ tate

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

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

	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, the
undersigned corporation organized under the la	
submits the following statement in order to chan State of Florida.	age its registered office or registered agent, or both, in th
1. The name of the corporation is: INSIGNIA RE	LATED. INC
2. The mailing address of the corporation is: 1	873 South Bellaire Street
Denver, Colorado 80222-4300	
3. Date of incorporation/qualification: April 2,	1997 Document number: <u>F97000001665</u>
4. The name and address of the current registered	
C T Corporation System	<u> </u>
1200 South Pine Island Road	75 99
Plantation, FL 33324	-AFE B
5. The name and address of the new registered ag	gent and office: (P. O. BoxNot Acceptable) 2
Corporation Service Company	
1201 Hays Street	
Tallahassee, FL 32301	Err o
The street address of its registered office and thagent, as changed, will be identical.	ne street address of the business office of its registered
Such change was authorized by resolution duly authorized by the board.	adopted by its board of directors or by an officer so
By: Charl Ibd bout	1/21/99 ==
(Signature of an officer, chairman or vice chairman of	the board) (Date)
Cheryl E. Goldschmitt - Assistant Se	cretary 1/21/99_
(Printed or typed name and title)	(Date)
Having been named as registered agent and to corporation, I hereby accept the appointment a I further agree to comply with the provisions of performance of my duties, and I am familiar wit registered agent.	s registered agent and agree to act in this capacity.
_ Carol (Nola	7.19.99
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Carol K. Dolor	Asst. Vice President
(Typed or Printed Name) CR2E045(3/96)	(Capacity)
	