9700000 3494



ACCOUNT NO. : 07210000032

REFERENCE

608124

7197172

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: March 1, 2000

ORDER TIME: 10:03 AM

ORDER NO. : 608124-140

800003181418--1

CUSTOMER NO:

7197172

CUSTOMER: Ms. Miriam Katz

National Financial Partners 1301 Avenue Of The Americas

30th Floor

New York, NY 10019

CHANGE OF AGENT

NAME: BROWN BRIDGMAN & COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY C. COULLIETTE MAR 2 3 2000

CONTACT PERSON: Jeanine Reynolds

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

the State of I	following statement in order to change its registered	office or registered agent, or both, in
	e of the corporation is: BROWN BRIDGMAN & COMPANY	
	2 00:12141	
2. The maili	ng address of the corporation is:	<u> </u>
	ng address of the corporation is:	
3. Date of in	Corporation/qualification July 03 1997	dage.
4 The name	corporation/qualification: July 03, 1997 D	ocument number: F97000003494
The name	and address of the current registered agent and office:	
	Selena Vanderwerf	
	24744 Hollybrier Lane	SECI ALL
5. The name a	Bonita Springs, FL 34134	ART MAN
	and address of the new registered agent and office: (P.	O. Box Not Acceptable
	Corporation Service Company	
	1201 Hays Street	
	Tallahassee, Florida 32301	TE 08
The street add	dress of its registered office and the street address of ged, will be identical.	the business office of its registered
Such change authorized by	was authorized by resolution duly adopted by its boar the board.	d of directors or by an officer so
Niria	- Sky	2/11/10
/ (Signati	ire of an officer, chairman or vice chairman of the board)	(Date)
Miveau	u I Kasz Lac't Sucators	(Sub)
	(Printed or typed name and title)	
Taving been n corporation, I further agree performance o registered agei	amed as registered agent and to accept service of proce hereby accept the appointment as registered agent and to comply with the provisions of all statutes relative to f my duties, and I am familiar with and accept the oblig nt.	ess for the above stated agree to act in this capacity. the proper and complete ration of my position as
By: M	(Signature of Registered Agent)	3/22/00
signing on behalf	- ,	(Date)
Maureen		Acct Vice 5
	(Typed or Printed Name)	Asst. Vice President (Capacity)

CR2EO45(7/97)