ACCOUNT NO.

072100000032

REFERENCE :

681795

4340722

AUTHORIZATION :

\$ 35.00 COST LIMIT :

ORDER DATE : July 29, 2002

ORDER TIME : 10:0 AM

ORDER NO. : 681795-155

CUSTOMER NO: 4340722

CUSTOMER: Ms. Jeannie Aragon-cruz

Assurant Group

11222 Quail Roost Drive

Miami, FL 33157

CHANGE OF AGENT

700006983847--5

NAME:

AMERICAN ASSOCIATION FOR

FINANCIAL INSTITUTION

SERVICES

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

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

submits the following statement in order to change its registered office or registered agent, or the State of Florida.  1. The name of the corporation: AMERICAN ASSOCIATION FOR FINANCIAL INSTITUTION SERVICE: CORPORATION  2. The mailing address of the corporation: C/O CANTEY HANGER ET AL 801 CHERRY STREET  FT. WORTH, TX 76102  3. Date of incorporation/qualification: 07/14/1998 Document number: F9800000399  4. The name and address of the current registered agent and office:  CT CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION, FL 33324  5. The name and address of the new registered agent (if changed) and/or registered office (if changed) Corporation Service Company  1201 Hays Street	
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(P. O. Box Not Acceptable)  Corporation Service Company	5-
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1201 Have Street	3. 58 語
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Tallahassee, Florida 32301	Section of the section of
The street address of its registered office and the street address of the business office of its registagent, as changed, will be identical.	stered
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board.	r so
Stua R. Der 8-8-02	. ,
(Signature of an officer, chairman or vice chairman of the board) (Date)	<del>_</del>
LAURA R. DUNLAP, ATTORNEY IN FACT (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacility I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.	city.
Cynthâ A. Horris (Signature of Registered Agent) (Date)	
If signing on behalf of an entity:  Cynthia L. Harris  as its agent	
(Typed or Printed Name) (Capacity)	_ ** :- =

CR2E045(9/00)