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Verifier		
Acknowledgment		

W.P. Verifier

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
the undersigned corporation organized under the laws of the State of <u>Illinois</u> submits the following statement in order to change its registered office or registered agent, or both, in	(Age)
the State of Florida.	
1. The name of the corporation is: Invest Financial Corporation Insurance Agency Inc. of	_ :
Illinois	
2. The mailing address of the corporation is: One Grant Square	
Hinsdale, IL 60521	
3. Date of incorporation/qualification: 6/21/99 Document number: F99000003184	٠.
4. The name and address of the current registered agent and office:	
NRAI Services, Inc.	
526 E. Park Avenue	
Tallahassee, FL 32301	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
CT Corporation System Σ ω	e _
1200 South Pine Island Road	
Plantation, FL 33324	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
(Janet) Wenned 12-16-99	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
CINDY MUNRO, ASST. TREAS. (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 capacity. 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. 1-5-2000 1-5-2000	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity: BABARA A. BURKE SPECIAL ASSISTANT SECRETARY	
Barbara Burke (Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	

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