Document Number Only CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address Tallahassee, FL 32301 222-1092 Phone Zip City State CORPORATION(S) NAME \*\*\*\*\*35.00 \*\*\*\*\*\*35.00 () Profit () Merge () Amendment () NonProfit ( ) Limited Liability Co. Dissolution/Withdrawal () Mark () Foreign () Other UC Filing () Ännual Report () Limited Partnership () Reservation Change of R.A. () Reinstatement )Fic. Name () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready Pick Up Walk In () Mail Out Name Availability RETURN EXTRA NOV 12 1997 Document Examiner Updater Verifier Acknowledgment W.P. Verifier CR2E031 (1-89)

## Florida Department of State, Jim Smith, Secretary of State

## 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 \_ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is:

ASSOCIATION EMPLOYERS MGA, IN 1b. Date of incorporation 9-11-86 Document number 2. The name and address of the current registered agent and office: Nancy A. Blastic 260 Wekiva Springs Rd., Longwood, FL 32779 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324 The street address of its registered agent 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. our D. Lenchen Joan O. Lenahan, Secretary Typed or printed name and title October 28, 1997 HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE BY:\_ (Registered Agentusan J. Metze

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

CR2E045 (7-91) (FLA. - 2194 - 3/4/92)