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EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE : 426731 4325524

AUTHORIZATION

COST LIMIT

ORDER DATE: January 31, 2008

ORDER TIME : 4:09 PM

ORDER NO. : 426731-005

CUSTOMER NO: 4325524

CHANGE OF AGENT

NAME: AMERICAN FIDELITY GROUP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER: ____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608,416 or 608,508. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: American Fidelity Group, LLC
2. The mailing address of the limited liability company is : 300 East Ft. Dade Avenue,
Brooksville, Florida 34601
9/5/2007 L07000090879
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
David Tinch
Name
300 East Ft. Dade Avenue,
Address Brooksville, Florida 34601
City, State and Zip
6. The name and address of the new registered agent and/or office:
Corporation Service Company
Name 95 9
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FI 32301
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. **The Company of a member of authorized representative of a member)** (Signature of a member of authorized representative of a member)
Paul V. Buchanan (Printed or typed name of signee)
Thereby 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. Kimberly B. Moret

as its agentvision of Corporations, P.O. Box 6327, Tallahassee, FL 3

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00