0000000079

ACCOUNT NO.

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT

\$ 25.00

ORDER DATE: July 6, 2001

ORDER TIME: 9:55 AM

ORDER NO. : 212654-570

CUSTOMER NO: 7267341

800004467298--0

CUSTOMER: Joellen I. Keating, Legal Asst

9110 W. Dodge Road

Suite 200

Omaha, NE 68114

CHANGE OF AGENT

NAME: DTN FINANCIAL SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

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 limite	d liability company is	DTN Fina	ncial Servi	ces, LLC			
2. The mailing address of	the limited liability c	ompany is:	9110 W.	Dodge	Rd		_ -
Suite 200			68114	v veg v			
1/11/01			M01000000	079			_
3. Date of filing/registrati	on in Florida		4. Docume			<u> </u>	-
5. The name of the register Florida Department of S	red agent and the regis	stered office	address as sh	own on the	records of	f the	
	CT Corp	oration S	ystem	<u> </u>		-	- <u></u>
		Name					
	1200 South		and Road				
		Address					
	Plantat City,	State and Z	3324_ ip	<u></u>	· 골	SE 9	
6. The name and address of the new registered agent and/or office:					AHA	413%; 1111	7
	Corporation	n Service	Company		\$8	ž 0	≓≥≭
	•	Name			(1)	0 70	Mes
_	1201 I	Hays Stree	t .			T I	<u></u>
	Florida street addres	s (P.O. Box	NOT accepta	ble)	, ORID	04 SIVE	
<u>.</u>	Tallahassee	FL	32301	5*			14,752.5
	City, S	State and Zip					
If the limited liability componitive of that after the chand the business office of the liability company, it is here the members of the limited the operating agreement of	ange or changes are m the registered agent wi by confirmed that the l liability company or :	ade, the Flor ill be identic change(s) was otherwise	rida street add al. Or, in the	lress of the recase of a Fl	registered orida limi	office ted	of
(Signature of a member or authorize	ed representative of a member	<u>.</u>					
Brian Larson, Manager (Printed or typed name of signee)			,	· - ·			·
I hereby accept the appoin comply with the provisions and I am familian with and Chapter 608, F.S. Or, if the address, I hereby confirm to the confirmation to the con			ee to act in the er and compl ion as registe ly reflect a ch as been notif	is capacity. ete performo red agent a ange in the ied in writin	I further ince of my s provided registered g of this c	agree to duties, for in office hange.	
(Signature of Registered Agent) Bo	obbie Hall, Asst.	VP		-			

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

INHS18(10/99)

FILING FEE: \$25.00