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December 9, 1997

Florida Department of State Sandra B. Mortham, Secretary of State 409 East Gaines Street Tallahassee, FL 32399 904-487-6091

Re: Change of Registered Agent for Providian Group L.L.C.

Dear Sir or Madam:

Please find enclosed herewith the necessary paperwork and fee required to effect a change of Registered Agent in the State of Florida for Providian Group L.L.C.

Please process the enclosed and provide our office with written confirmation of same once the change has been effected. Additionally, please verify receipt of this filing by date-stamping and returning the extra copy of this cover letter in the enclosed, pre-addressed envelope.

Thank you for your time. Please give me a call if you have any questions or require additional information.

Very truly yours,

73

100002396981--5 -01/12/98--01873--027

******35.00 *****35.00

Paralegal

Enclosures

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions				gned limited
liability company organized submits the following statem	unaer me aws of the sur out in order to change its	registered office	or registered agen	t, or both, in
the State of Florida.	(PLEASE)	PRINT		,
la. The name of the limited li	•	DIEN	Jame	
	-			<u></u>
Group Hd	uantage Provide	يري ليدر		
1b. The mailing address of the	e limited liability company	vis: <u>10175</u>	Slater Ave	nue
Suite 200, For	ıntian Valley,	CA 92708		
1c. Date of filing/registration	in Florida: <u>1/9/97</u>	_ Document num	ber: <u>M970000</u>	00 0 14 20 8
2. The name and address of t	he current registered agen	t and office:		CALL
	CT Corporatio	n System		ASSE ASSE
	1200 South Pir	ne Island 1	Road	E, FL
	Plantation, Fl	Lorida 333:	24	STATE LORID
3. The name and address of t	he new registered agent ar	nd office: (P.O. Bo	X NOT ACCEPTABI	T.>-
	Richard A. Mur			
	980 N. Federal	Hwy., Ste	e. 410	
	Boca Raton, FI	Lorida 334	32	···
After the change or changes of the registered agent will be Such change was authorized company or as provided in the (Signature of a magnetic or authorized)	e identical. by affirmative vote of a e articles of organization of section of the control of t	majority of the nor the regulations of	nembers of the lim	ited liability
-	e, President		Later to the	
(Printed or typed name and Having been named as regis liability company, I hereby capacity. I further agree to complete pefformance of my as registered agent.	, , , , , , , , , , , , , , , , , , , ,	t service of proces as registered ag ions of all statute with and accept	is for the above sta ent and agree to is relative to the the obligations of	ated limited act in this proper and my position
(Signature of Registered Age	ant)	- ı - 	(Date)	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

FILING FEE: \$35.00