



M98 0000001332

ACCOUNT NO. : 072100000032

REFERENCE : 530432 7333303

AUTHORIZATION :

COST LIMIT : \$ 25.00

Patricia Pigott

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY 14 AM 8:05

FILED

ORDER DATE : April 16, 2002

ORDER TIME : 1:49 PM

ORDER NO. : 530432-620

CUSTOMER NO: 7333303

CUSTOMER: Ms. Joan Rivers
H.d. Vest, Inc.
6333 North State Highway 161
Fourth Floor
Irving, TX 75038

400005510104--8

CHANGE OF AGENT

NAME: H.D. VEST INSURANCE AGENCY,
L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 MAY 14 PM 4:24

RECEIVED

M98-1332

**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: H.D. VEST INSURANCE AGENCY, L.L.C.
2. The mailing address of the limited liability company is: 6333 N. STATE HWY. 161 - 4TH FLOOR
IRVING, TX 75038

3. Date of filing/registration in Florida 11/13/1998
4. Document number M98000001332

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT CORPORATION SYSTEM
Name
1200 SOUTH PINE ISLAND ROAD
Address
PLANTATION, FL 33324
City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. The name and address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 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.

Patricia Pizzuto
(Signature of a member or authorized representative of a member)

PATRICIA PIZZUTO, ATTORNEY-IN-FACT
(Printed or typed name of signee)

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 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, I hereby confirm that the limited liability company has been notified in writing of this change.

Laura R. Dunlap
(Signature of Registered Agent) LAURA R. DUNLAP, AS AGENT

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