236 East 6th Avenue . Tallahassee, Florida 32303

P.O.	Rox	37066	(32315-7066)	~	(850) 222-2

INC. P.O. Box 37066 (3231:	5-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
PICK UF	WALK IN 4/5/99
CERTIFIED COPY	- 4/5/99 - ER R SEE R SE
рното сору	Anednertan of R.A. Charge
1.) The think (CORPORATE NAME & DOCUMENT #)	cal Corporation Francisco Agency Inciof marylan
2.)(CORPORATE NAME & DOCUMENT #)	
3.)(CORPORATE NAME & DOCUMENT #)	100028288214 -04/05/9901044014 ******35.00 ******35.00
4.)(CORPORATE NAME & DOCUMENT #)	
5.)(CORPORATE NAME & DOCUMENT #)	
SPECIAL INSTRUCTIONS	RAIRO
	GP 4/5/99

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\ \equiv$

Pursuant to the	provisions of sections 607.0502, 617.0502,	607.1508, or 617.1508, Florida Statutes, the
undersigned con	poration organized under the laws of the St	ate ofMaryland
submits the follo	owing statement in order to change its regist	ered office or registered agent, or both, in the
State of Florida	•	
1. The name of	the corporation is:	
Invest	Financial Corporation Insurance	Agency Inc. of Maryland
2. The mailing a	ddress of the corporation is:	_
	Rocky Point Dr., 7th Floor	나 나 무슨
Tampa, 3. Date of incor	Florida 33607 poration/qualification: 5/20/85	Document number: P06114
	d address of the current registered agent and	office:
	CT Corporation System	
	1200 S. Pine Island Road	=: 🕹 🕹
	Plantation, FL 33324	
5. The name and	d address of the new registered agent and off	ce: (P. O. Box Not Acceptable)
	NRAI Services, Inc.	
	526 E. Park Avenue	·
	Tallahassee, FL 32301	· <u>-</u>
The street addragent, as chang	ess of its registered office and the street ad ed, will be identical.	dress of the business office of its registered
Such change w	as authorized by resolution duly adopted b	y its board of directors or by an officer so
authorized by t	he board.	7
Signatur	e of an officer, chairman of vice chairman of the b	3/26/99
(Signatur	e of an officer, charman of vice charman of the	Date)
Mary 1	Veil trice Secretar	
	(Printed or typed name and title)	(Date)
I further agree	amed as registered agent and to accept set hereby accept the appointment as register to comply with the provisions of all statut f my duties, and I am familiar with and ac nt.	es relative to the proper and complete
Gwen	dolon Undrews	3/25/99
7	Signature of Registered Agent)	(Date)
If signing on beha	alf of an entity:	宣
	Gwendolyn Andrews	Assistant Secretary
	(Typed or Printed Name)	(Capacity)
CR2E045(4/95)		FILING FEE: \$35.00