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Requestor's Name 660 East Jefferson St	treet	
Address Tallahassee, FL 32303 City State Zip	1 (850) 222-1092	1000030916117 -01/07/0001057015 *****35.00 *****35.00
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<pre>() Limited Liability C () Foreign</pre>	Company () Dissolution/Witho	drawal () Mark
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Name Availability 7 00 Document Examiner	117	PLEASE RETURN EXTRA COPY(S) FILE STAMPED
Updater Verifier	ALEXANDE - CT. LENGA - M.A. C. L. C.	THANK YOU! CONNIE BRYAN
Acknowledgment		
W.P. Verifier		··· · · · · · · · · · · · · · · · ·

CB2E031 (1-89)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.05		
the undersigned corporation organized under the laws of	*	. •
submits the following statement in order to change its reg the State of Florida.	gistered office or registered agent, or both, in	
1. The name of the corporation is: <u>Invest Financial</u>	Corporation Insurance Agency Inc. of	
Maryland		1.
2. The mailing address of the corporation is: 2701 N. Ro	ocky Point Drive, 7th Floor	
3. Date of incorporation/qualification:5/20/85	Document number: P06114	
4. The name and address of the current registered agent an	nd office:	
NRAI Services,	Inc. Ze 8	
526 E. Park Ave	enue 💆 🔻 🛪	
5. The name and address of the new registered agent and o	office: (P. O. Box Not Acceptable)	
CF Corporation	System P D	
1200 South Pine	e Island Road	
Plantation, FL	33324	
The street address of its registered office and the street agent, as changed, will be identical.		
Such change was authorized by resolution duly adopted lauthorized by the board.	by its board of directors or by an officer so	
(Signature of an officer, chairman or vice chairman of the board)	12-16-99	
CINDYMUNRO, ASST. TREAS. (Printed or typed name and title)		
Having been named as registered agent and to accept se corporation, I hereby accept the appointment as register I further agree to comply with the provisions of all statut performance of my duties, and I am familiar with and acregistered agent.	rvice of process for the above stated red agent and agree to act in this capacity. tes relative to the proper and complete scept the obligation of my position as	
Darlara abunke	1-5-2000	
(Signature of Registered Agent) If signing on behalf of an entity:	(Date) BABARA A. BURKE SPECIAL ASSISTANT SECRETARY	
Barbara Burke (Typed or Printed Name)	(Capacity)	ne mane.
* * * FILING FEE: \$.	,	

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

CR2E045(7/97)