99 FILED SECRETARY OF STAR 8625



ACCOUNT NO. :

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REFERENCE :

280779

4313315

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : June 21, 1999

ORDER TIME : 12:37 PM

ORDER NO. : 280779-005

000002912380--9

CUSTOMER NO: 4313315

CUSTOMER: Linda E. Flood, Legal Asst

The Dime Savings Bank Of New Eab Plaza-east Tower, 10th Fl

Law Department

Uniondale, NY 11556

CHANGE OF AGENT

NAME:

STANDARD OF GEORGIA INSURANCE

AGENCY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COM-

_ PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

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

* * * FILING FEE: \$35.00 * * *

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

Pursuant to the provis	sions of sections 607.0	502, 617.0502, 607.1508, c	or 617.1508, Florido	a Statutes, the
undersigned corporati	on organized under the	laws of the State of GEORG	GIA	
submits the following	statement in order to ci	hange its registered office (or registered agent,	or both, in the
State of Florida.				
1. The name of the co	rnoration is: STANDARD	OF GEORGIA INSURANCE .	AGENCY, INC.	
1. The name of all co.				
				·
2. The mailing address	s of the corporation is:	EAB PLAZA-EAST T	OWER, 10th FL	OOR,
	-	UNIONDALE, NY 1		
3. Date of incorporation	on/qualification: 3/30	/88Docum	ent number: P1862	.5
4. The name and addr	ess of the current regist	ered agent and office:		ي
4, The hand that acts				755 TO 1
CT CC	DRPORATION SYSTEM			色生
1000	C DINTE ICI AND BOX			芸なん
1200	S. PINE ISLAND ROA			55.27
PLAN	ration, FL 33324			
5. The name and add	ess of the new registere	ed agent and office: (P. O. F	Box Not Acceptable)	
	oration Service Com			
COLD	JIACIOII BELVICE SOL			
1201	Hays Street			-
Tall:	ahassee, FL 32301			
	City registered office a	and the street address of th	e business office of	its registered
The street address of agent, as changed, v	vill be identical.	and the shoet address of the		_
Such change was an	thorized by resolution	duly adopted by its board	l of directors or by a	n officer so
authorized by the bo	oard.			
Kanas	0 . 0 . ~ 1 .		6/15/9	
(Signature of an o	officer, chairman or vice chair	man of the board)	(Date)	
			-	
Karen Cra	mer, Vice Presi	dent and Secretar	У	
	(Printed or typed name and	tille) and to accept service of pro	ocess for the above	stated
Having been namea	ov accept the appointm	nd to accept service of pro nent as registered agent ar ons of all statutes relative iar with and accept the ob	nd agree to act in th	nis capacity.
I further agree to co	imply with the provision	ons of all statutes relative iar with and accept the ob	ligation of my posit	tion as
registered agent.	auties, urai i um junisi I	an was and a first	,	
V. Santanag	1. 200		6/21/99	
10:	(oke) chresten		(Date)	
(Signat	ure of Registered Agent)		•	
If signing on behalf of	an entity:			
VICKI SCHR			ASST. VICE PRESIDI	EN'I'
(Туре	d or Printed Name)		(Capacity)	

CR2E045(3/96)