## P20018

| (Requestor's Name)                      |                        |      |  |  |  |
|---|------------------------|------|--|--|--|
| (Address)                               |                        |      |  |  |  |
| (Address)                               |                        |      |  |  |  |
| (City/State/Zip/Phone #)                |                        |      |  |  |  |
| PICK-UP                                 | ☐ WAIT                 | MAIL |  |  |  |
| (Business Entity Name)                  |                        |      |  |  |  |
| (Document Number)                       |                        |      |  |  |  |
| Certified Copies                        | Certificates of Status |      |  |  |  |
| Special Instructions to Filing Officer: |                        |      |  |  |  |
|   |                        |      |  |  |  |
|   |                        |      |  |  |  |
|   |                        |      |  |  |  |
|   |                        |      |  |  |  |

Office Use Only



000042256860



FILED

04 NOV -3 PM 1: 34

SECRETARY OF STATE
TAN LANASSEE, FLORIDA

P-14104

RECEIVED

OL NOV -3 PH 12: 52

DESANTATIONS OR ACTION



ACCOUNT NO. : 072100000032

REFERENCE: 950449

167868A

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: November 1, 2004

ORDER TIME : 10:43 AM

ORDER NO. : 950449-495

CUSTOMER NO: 167868A \_

CUSTOMER: Ms. Carol R. Mullis

Wachovia Corporation

One Wachovia Center, Nc0630 301 South College Street-30th Charlotte, NC 28288-0630

CHANGE OF AGENT

NAME: SOUTHTRUST SECURITIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire

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

| Pursuant to the pr  | ovisions of sections   | 607.0502, 617.0502, 607   | 7.1508, or 617.1508, Flor  | rida Statutes, this                   |   |
|---|--|---|--|---------------------------------------|---|
| change is submitte  | ed for a corporation   | organized under the law   | s of the State of Delaw  | are                                   | in order                                    |
| to change its regis   | tered office or regist   | tered agent, or both, in th   | ne State of Florida.   |                                       |   |
| 1. The name of the  | corporation: SOUTH   | TRUST SECURITIES, I   | NC.  | <u> </u>                              |   |
| 2. The principal of   | ffice address: 112 M   | Worth 20th Street, 6  | th Floor   |                                       |   |
| Birmingham,   | AL 35203   | · · · <u>-</u>  |  | -                                     | <del>_</del>                                |
| 3. The mailing add  | dress (if different):  |   | <u>.</u>   |                                       |   |
| 4. Date of incorpo  | ration/qualification:  | July 12, 1988   | Document number: P 200   | 18                                    |   |
| 5. The name and s<br>Florida Departm  |  | current registered agent a  | nd registered office on fi   | le with th <b>e</b>                   |   |
| <u> </u>  | T Corporation S  | ystem   |  |                                       | 40  |
| 1   | 200 South Pine I   | sland Road  |  | ES ES                                 | 查型  |
| <u> P</u>   | lantation, FL 33   | 324   | -  | SSE                                   | る。  |
| 6. The name and s (if changed):   | street address of the r  | new registered agent (if c  | hanged) and /or registere  | od office                             | F STAT                                      |
| c   | orporation Servi   | ce Company  |  |                                       | 7777  |
| 1   | 201 Hays Street  |   |  |                                       |   |
| ,   |  | (P.O. Box or personal mailbox   | NOT acceptable)  |                                       |   |
| <u>T</u>  | allahassee, FL   | 32301   |  |                                       | -   |
| The street address changed will be i  | s of its registered of<br>dentical.  | fice and the street addre   | ss of the business office  | of its registered                     | agent, as                                   |
| Such change was   | authorized by resol<br>corporation has been  | ution duly adopted by it<br>n notified in writing of t                                | ts board of directors or the change.   | by an officer so a                    | uthorized by                                |
| 11.11   | pature of an officer or dire   | A   | Maureen Cullen, Atto   | rney in Fact<br>typed name and title) |   |
| I further agree to<br>duties, and I am j<br>being filed merel<br>been notified in y | comply with the pro<br>familiar with and ac<br>y to reflect a change<br>witing of this chang | ovisions of all statutes r<br>ecept the obligation of m<br>e in the registered office | ee to act in this capacity<br>elative to the proper an<br>sy position as registered<br>address, I hereby confi | a compiete perioi                     | rmance of my<br>s document is<br>ration has |
| Corporation Se  | rvice-company<br>ignature of Registered Age  | nt  | Nover  | (Date) / 2                            | 004   |
| If signing on beh   |  |   |  | • •                                   |   |
| Marva Williams  |  |   | Assistant Vice F   | President                             |   |
|   | Typed or Printed Name)   |   |  | (Capacity)                            |   |

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