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|---|-------------------------|--------|---------------|---|--|--|--|--|
| | C T CORPORATION | SYSTEM | | | | | | |
| Requestor's Name 660 East Jefferson Street | | | | | | | | |
| Add | ress Tallahassee, FL | 32301 | (850)222–1092 | | | | | |
| City | | Zlp | Phone | _ | | | | |
| CORPORATION(S) NAM | | | | | | | | |

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|--------------------|----------|-------------|
| tomily | MINAMIL. | Corporation |
| * 14.4.7. L1.3.3.3 | | |
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| () Profit () NonProfit () Limited Liability Company | () Amendment | () Merger |
|--|--------------------------------------|---|
| () Foreign | () Dissolution/Withdr | awal () Mark |
| () Limited Partnership () Reinstatement () Limited Liability Partnership | () Annual Report () Reservation | () Other Change of R.A. () Fictitious Nam |
| () Certified Copy | () Photo Copies | () CUS |
| () Call When Ready Walk In () Mail Out | (-) Call if Problem () Will Wait | () After 4:30 Pick Up |
| Name Avallability | 9/27 PI | ease return extra coey(s) |

Document Examiner Updater Verifier Acknowledgment W.P. Verifier

FILE STAME THANKS

CONNIE BRYA

@ COULLIETTE SEP 28 2000

CR2E031 (1-89)

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

...

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 6 undersigned corporation organized under the laws of the Stat | |
|--|---|
| submits the following statement in order to change its register | |
| State of Florida. | 5.1 5),,500 5. 1 5 , 10, 10, 10, 10, 10, 10, 10, 10, 10, 10 |
| 1. The name of the corporation is: Family Insurance Corporation | |
| 1. The many of the corporation of | |
| 2. The mailing address of the corporation is: 250 Carpenter Frwy | , Irving, TX 75062 |
| | |
| 3. Date of incorporation/qualification: 11/22/91 | Document number: P230 50 8 |
| 4. The name and address of the current registered agent and of | fice: |
| The Prentice-Hall Corporation System, Inc | P |
| 1201 Hayes St., Suite 105 | # 2. |
| Tallahassee, FL 32301 | 6 |
| 5. The name and address of the new registered agent and office | e: (P. O. Box Not Acceptable) |
| CT Corporation System | |
| 1200 South Pine Island Rd | |
| Plantation, FL 33324 | |
| The street address of its registered office and the street addragent, as changed, will be identical. | |
| Such change was authorized by resolution duly adopted by authorized by the board. | its board of directors or by an officer so |
| Juane | 09/13/00 |
| (Signature of an officer, chairman okvice chairman of the box | ard) (Date) |
| Terri Atteberry, Asst Secretary | 09/13/00 |
| (Printed or typed name and title) | (Date) |
| Having been named as registered agent and to accept serve corporation, I hereby accept the appointment as registered I further agree to comply with the provisions of all statutes performance of my duties, and I am familiar with and accept registered agent. | ice of process for the above stated agent and agree to act in this capacity. relative to the proper and complete pt the obligation of my position as |
| 4/10/1 | 09/13/00 |
| (Signature of Registered Agent) | (Date) |
| If signing on behalf of an entity: | • |
| Michael E. Jones | Asst. Secretary |
| (Typed of Printed Name) | (Capacity) |
| CR2E045(4/95) | FILING FEE: \$35.00 |