## 93000039270

Cct. Covooration System (Requestor's Name)			
(Address)			
(Address)			
Tallahassee, F/32301 (Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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Office Use Only



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04/11/03--01041--018 \*\*70.00

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

the State of Florida.  1. The name of the corporation: Ivy Funds Distributor, Inc.		
<u> </u>	: Ivy Funds Distributor, Inc.	
	·	: <u>*</u>
2. The mailing address of the o	name of the corporation: Ivy Funds Distributor, Inc.  mailing address of the corporation:	
3. Date of incorporation/quali	fication: 06/02/93	Document number: <u>P93000039270</u>
4. The name and address of the	e current registered agent and of	office:
Beverly J. Yanov	vitch	ALL APR
925 S. Federal H	ghway, Boca Raton FL 33432	# SS 1
5. The name and address of the	<b>2</b>	
C T Corporation	System	
c/o C T Corporat	on System, 1200 South Pine Island	Road,
Plantation, Florid	a 33324	<u></u>
Such change was authorized by authorized by the board.	y resolution duly adopted by it	its board of directors or by an officer so
(Signature of an officer, chair	nan or vice chairman of the board)	$\frac{4-9-03}{\text{(Date)}}$
MENDY J. HILL (Printed or ty	S, SECRETARY ped name and title)	<del> : ::</del>
corporation, I hereby accept t I further agree to comply with	he appointment as registered a the provisions of all statutes r	agent and agree to act in this capacity. relative to the proper and complete
	red Agent) X	H-11-03
If signing on behalf of an entity:	CONNIE BRYAN	EYAR
(Typed or Printed N		,

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

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

TALLAHASSEE, FL 32314