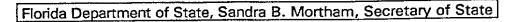
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	NAME(S) & DOCUMENT N	•	I. /
1 P.O. Box	CENTURY HOLD x 5347 ■ Fort Lauderdale, Flo 1-9993 office ■ (954) 584-07	orida 33310	<u> </u>
2. (Corp		(Document #)	
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(Corp	poration Name)	(Document #)	<u> </u>
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NEW GUINGS	AMENDMENUS		
Profit	Amendment		- <u>-</u>
NonProfit	Resignation of R.A., Officer/D	irector	98 TAI
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		FILE DCT -7 RETARY LAHASSE
Other	Merger		
CONTINUES OF THE CONTIN	REGISTRATION/		M II: 25 OF STATE FLORIDA
Annual Report	QUALIFICATION		25 RIDA
Fictitious Name	Foreign		
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Examiner's Initials



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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of COCO submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Ctyude Insurance
Services Inc.
1b. The mailing address of the corporation is: P.O. Box 6347 Ft. Lauderdate, FL 33310
1c. Date of incorporation: 7/23/96 Document number: 69.000061248
2. The name and address of the current registered agent and office:
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Potrich D. Doyle U161 NW 5th Street
Plantation, FC 33317
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
9-17-98
(Signature of an officer chairman or vice chairman of the board) (Date)
Portrick D. Doyle Secretary (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
9/198
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045(11/94) FILING FEE: \$35.00