99000040213



ACCOUNT NO.

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE : March 1, 2000

ORDER TIME : 1:57 PM

ORDER NO. : 608124

300003159253---5

CUSTOMER NO:

7197172

CUSTOMER: Ms. Miriam Katz

National Financial Partners 1301 Avenue Of The Americas

30th Floor

New York, NY 10019

CHANGE OF AGENT

NAME:

SPALDING-FARDIE & ASSOCIATES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CONTACT PERSON: Erika Carlson

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 Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: Spalding - Faidle 9/1850 Clares Inc.
2. The mailing address of the corporation is: C/O National Fraga Ocol Harries Corporation
1301 Avenue (1) she thericas 30" FI, New York MY 10019
3. Date of incorporation/qualification: March 18, 1999 Document number: P99000024942
4. The name and address of the current registered agent and office:
Kenneth Fardie
760 US Highway One #201
NOVEL Palm Beach FL 33408
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
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.
Muin 1 Kg/ 2/23/00
(Signature of an officer, chairman or vice chairman of the board) (Date)
Miriam I Katz Assit 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.
By: Maure Culla 2/28/67 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Maureen Cullen Asst. Vice President
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314