509307



ACCOUNT NO. :

072100000032

REFERENCE

529547

4718027

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: April 15, 2002

ORDER TIME : 9:58 AM

000005326230--5

ORDER NO. : 529547-095

CUSTOMER NO: 4718027

CUSTOMER: Margaret Weber, Legal Asst

Wells Fargo & Company East

Mac #n9305-173

Sixth & Marquette Avenue Minneapolis, MN 55479

CHANGE OF AGENT

NAME: ACORDIA SOUTHEAST, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens -- EXT# DELETE

EXAMINER:

C. Coulliste APR 2 3 2002

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

Pursuant to the provisions of sections 607.0502, 617.0502, the undersigned corporation organized under the laws of the	
submits the following statement in order to change its regist	· - · · · · · · · · · · · · · · · · · ·
the State of Florida.	
1. The name of the corporation : ACORDIA SOUTHEAST, INC.	ZOOZ F
or the box posterior i	A AR
2. The mailing address of the corporation:	mc P
311 Park Place Blvd., Suite 400, Clearwater, FL	مرع شنع
3. Date of incorporation/qualification: 10/23/1990	Document number: s09307
4. The name and address of the current registered agent and o	office:
C T Corporation System	
1200 South Pine Island Road	
Plantation, FL 33324	
5. The name and address of the new registered agent (if chang (P. O. Box Not Accept	
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street addreasent, as changed, will be identical.	ess of the business office of its registered
Such change was authorized by resolution duly adopted by it authorized by the board.	ts board of directors or by an officer so
Margaret m Weller	4/11/02
(Signature of an officer, chairman or vice chairman of the board)	(Ďate)
largaret M. Weber, Asst. Secretary (Printed or typed name and title)	
Having been named as registered agent and to accept servic corporation, I hereby accept the appointment as registered a I further agree to comply with the provisions of all statutes r performance of my duties, and I am familiar with and accept registered agent.	re of process for the above stated agree to act in this capacity. relative to the proper and complete the obligation of my position as
Maureen Culle	4/28/02
(Signature of Registered Agent) If signing on behalf of an entity:	(Date)*
Monage Cull-	
Maureen Cullen Asst (Typed or Printed Name)	- Vice President (Capacity)
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)