

M03000004155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

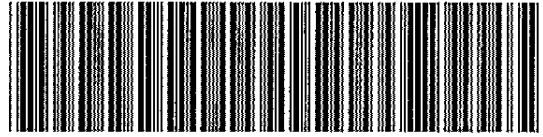
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

SR

Office Use Only



100046619051

FILED
05 FEB 18 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 FEB 18 PM 2:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 205441 5142120
AUTHORIZATION : *Patricia Rojas*
COST LIMIT : \$ 25.00

05 FEB 18 PM 2:43
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 15, 2005

ORDER TIME : 12:48 PM

ORDER NO. : 205441-045

CUSTOMER NO: 5142120

CUSTOMER: Dana Topolinski Mac X2401-06p
Wells Fargo Home Mortgage
1 Home Campus

Des Moines, IA 50328-0001

FOREIGN FILINGS

NAME: RELOACTION MORTGAGE, LLC

PROFIT CORPORATE
 NON-PROFIT LIMITED PARTNERSHIP

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

05 FEB 18 PM 2:43
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION I (1-3 must be completed)

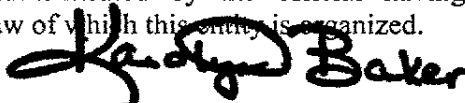
1. Name of limited liability company as it appears on the records of the Florida Department of State: ReloAction Mortgage, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: December 12, 2003

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? February 9, 2005
5. New name of the limited liability company: Hewitt Mortgage Services, LLC
6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized
representative of a member

Karolyn Baker, Authorized Member

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE SAID "RELOACTION MORTGAGE, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HEWITT MORTGAGE SERVICES, LLC", ON THE NINTH DAY OF FEBRUARY, A.D. 2005, AT 2:15 O'CLOCK P.M.

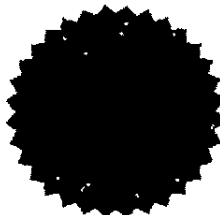
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEWITT MORTGAGE SERVICES, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3723109 8321

050123383



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3685685

DATE: 02-15-05