

Document Number Only

M91000000749

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

600003407176--5

-09/28/00--01006--009

\*\*\*\*\*25.00 \*\*\*\*\*25.00

Associates Housing Finance, LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit                        | <input type="checkbox"/> Amendment                  | <input type="checkbox"/> Merger                    |
| <input type="checkbox"/> NonProfit                     |   |  |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Dissolution/Withdrawal     | <input type="checkbox"/> Mark                      |
| <input type="checkbox"/> Foreign                       |   |  |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Annual Report              | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> Reservation                | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership |   | <input type="checkbox"/> Fictitious Name           |
| <input type="checkbox"/> Certified Copy                | <input type="checkbox"/> Photo Copies               | <input type="checkbox"/> CUS                       |
| <input type="checkbox"/> Call When Ready               | <input checked="" type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30                |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait                  | <input checked="" type="checkbox"/> Pick Up        |
| <input type="checkbox"/> Mail Out                      |   |  |

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TALLAHASSEE, FLORIDA

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CONNIE BRYAN

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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CR2E031 (1-89)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: Associates Housing Finance, LLC
2. The mailing address of the limited liability company is : 250 Carpenter Frwy, Irving, TX 75062

11/12/97

3. Date of filing/registration in Florida

M97000000749  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company  
Name  
1201 Hayes St., Suite 105  
Address  
Tallahassee, FL 32301  
City, State and Zip

6. The name and address of the new registered agent and/or office:

C T Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

Terri Atteberry, Asst. Secretary  
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*  
C T CORPORATION SYSTEM

  
(Signature of Registered Agent)

**Michael E. Jones**  
Assistant Secretary  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**