



M 98000000949

ACCOUNT NO. : 072100000032

REFERENCE : 685218 5142120

AUTHORIZATION : *Patricia Pizut*  
COST LIMIT : \$ 25.00

ORDER DATE : May 3, 2000

ORDER TIME : 11:22 AM

200003240252--9

ORDER NO. : 685218-015

CUSTOMER NO: 5142120

CUSTOMER: Ms. Lisa Bartlett-macx2406-011  
Wells Fargo Home Mortgage, Inc  
1 Home Campus

Des Moines, IA 50328-0001

CHANGE OF AGENT

NAME: MORTGAGE PROFESSIONALS OF  
TAMPA BAY, LLC

FILED  
00 MAY -4 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Wests*

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

RECEIVED  
00 MAY -4 PM 2:22  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: MORTGAGE PROFESSIONALS OF TAMPA BAY, LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

MAC #2466-011, Home Campus Des Moines IA 50324 001

AUGUST 28, 1998  
3. Date of filing/registration in Florida

M98000000949  
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:

C T Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

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

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32301  
City, State and Zip

**FILED**  
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SECRETARY OF STATE  
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.

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

JAMES M. STROTHER  
(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.*

Deborah D. Skipper  
(Signature of Registered Agent)

Deborah D. Skipper  
Asst. Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314