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SUFFICIENCY OF FILING

PARTITION OF STATE CORPORATIONS

12 DEC 17 PH 4: 37
SECRETARY OF STATE
LLAHASSEE FLORIDA

RAROCHS 10 Philis



ACCOUNT NO. : I2000000195

REFERENCE: 461236 7426667

AUTHORIZATION :

COST LIMIT :

ORDER DATE: December 17, 2012

ORDER TIME : 2:31 PM

ORDER NO. : 461236-009

CUSTOMER NO: 7426667

CHANGE OF AGENT

NAME:

BUSINESS PROPERTY LENDING,

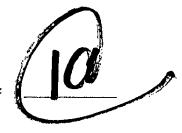
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:



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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	<u>Delaware</u>
1. The name of	the corporation: BUSINESS PR	OPERTY LENDING, INC.	
	office address: c/o GE Corpora		
	Monroe Street, Chicago, IL		
3. The mailing a	ddress (if different): 201 Merritt	7, Norwalk, CT 06851	
4. Date of incorp	poration/qualification: 12/16/198	BO Document number: 84771	16
	I street address of the current registment of State: (If resigned, enter the content of State)	tered agent and registered office on file resigned)	
	C T Corporation System		20 T
	C T Corporation System 1200 South Pine Island Road ALLAHAS		
	Plantation, FL 33324		
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered o	PH 4: 37 PH 4: 37 FE FLORIDA
	Corporation Service Compa	any	
	1201 Hays Street		
	Tallahassee, FL 32301	iox NOT acceptable	_
The street address changed will	ess of its registered office and the be identical.	street address of the business office of	its registered agent,
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has bo	dopted by its board of directors or by an een notified in writing of the change.	n officer so
Signatu	re of an officer of director	Thomas Hajda- Secretary Printed or typed name and to	
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. ill statutes relative to the proper and co and accept the obligation of my position to reflect a change in the registered off ified in writing of this change.	on as registered
By: Sig	nature of Registered Agent		
If signing on be	half of an entity:		
Grace E. Kirl	oy, Asst. VP		
T	yped or Printed Name		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *