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ACCOUNT NO. : 072100000032

REFERENCE: 865728

7319193

AUTHORIZATION

COST LIMIT :

ORDER DATE: December 19, 2002

ORDER TIME : 9:14 AM

ORDER NO. : 865728-535

CUSTOMER NO: 7319193

CUSTOMER: Ms. Beverly Thurston
Washington Mutual Finance

8900 Grand Oak Circle

Tampa, FL 33637-1050

CHANGE OF AGENT

NAME: WASHINGTON MUTUAL FINANCE, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1 WASHINGTON MUTUA	L FINANCE, LP (TEX	AS)			
	Na	me of the limited partne	ership		
2 June 21, 2001 Date of filing/res	sistration in Florida	3 <u>.B010000002</u>	Document number assigned		
4. The name of the re Department of State		·-	ddress as shown on the reco	rds of the Florida	
		Name		r to the a summer of the	7.
	1200 South Pine	Island Road			
		Address			-
	Plantation, FL 3	3324			
		City, State and Zip			٠.
Composation Company				B LORETAL LI AHAS	1
•		Name		A 28.50 € 28.	=
	1201 Hays Street			THE RE	
	Florida street	address (P.O. Box <u>no</u>	t acceptable)		7
т	allahassee	FL	32301		
6. Such change(s) wa	s/were authorized by t	City, State and Zip he general partners	•	***************************************	
Signature of General Partn	er 1	· · · · · · · · · · · · · · · · · · ·		भ च ा	
I hereby accept the app with the provisions of	pointment as registered all statutes relative t	l agent and agree to o the proper and c	act in this capacity. I furthe omplete performance of my	er agree to comply duties, and I am	

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Corporation Service Company

Cynthia A. Harris

Cynthia L. Harris as its agent

Signature of Registered Agent

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

SIGNATURE AND TITLE INFORMATION FOR:

WASHINGTON MUTUAL FINANCE, LP (TEXAS)

Deborah R. Tracy, Vice President for Washington Mutual Finance Corporation, Sole Member for Washington Mutual Finance of Texas, LLC, General Partner for Washington Mutual Finance, LP (Texas)

SECRETARY OF STATE

03 APR -8 PM 1: 11