F02000004474

(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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PA Change 11/27/12 DC



	1. Au				
CORPORATION SERVICE COMPANY	ACCOUNT NO.	:	1200000001	.95	
	REFERENCE	:	425002	7909431	
	AUTHORIZATION	:	Squelse	enan	
	COST LIMIT	:	\$ 35.00		
ORDER DATE : 1	November 27, 201	2			
ORDER TIME :	10:33 AM				
ORDER NO. : 4	125002-019				
CUSTOMER NO:	7909431				
	CHANGE OF A	GEN'	<u>r</u>		
NAME :	TERRACE MORTG	AGE	COMPANY		
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FILI	NG:	
	ED COPY				
XX PLAIN S	STAMPED COPY				

EXAMINER'S INITIALS:

CONTACT PERSON: Carina L. Dunlap

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

in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: TERRACE MORTGAGE COMPANY 2. The principal office address:
2. The principal office address:
900 Ashwood Parkway, Suite 130, Atlanta, GA 30338
3. The mailing address (if different):
4. Date of incorporation/qualification: 08/30/2002 Document number: F02000004474
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
P.O. Box NOT acceptable
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Maureen Cathell, Vice President
Printed or typed name and title
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 obligation 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 corporation has been notified in writing of this change. Corporation Service Company
By: S C November 15, 2012
Scriature of Constered Agent Date
If signing on behalf of an entity:
Sylvia Queppet, Asst. VP
Typed or Printed Name * * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314