

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number (850) 222-9428 Please keep file date of 6/21/04. Please give to Michelle Laskin, Thanks. Brigham CT Corp

## REGISTERED AGENT CHANGE

IMPAC MULTIFAMILY CAPITAL CORPORATION

## Certificate of Status Certified Copy Ð Page Count 02 Estimated Charge \$35.00

Placesonic Filipo, Vienu.

Corporate filing

Building Account Halin

https://efile.sunbiz.org/scripts/efilcovr.exe

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

Pursuant to the provisions of				
this statement of change is suit	•			_
	r to change its regist	erea ojnce or r	egisterea agent, or	both, in the state
of Florida.	Den i et Makinada.	Camital Cameratio	<b>.</b>	
I. The name of the corporation		Capital Corporatio		
2. The principal office address	: 1401 Dove	Street	#/##	
	Newport	Beach.	CA 92660	
3. The mailing address (if diff	erent):		<u></u>	
4. Date of incorporation/qualit	fication: June 13, 2003	Doc	ument number: F0	3000002933
5. The name and street address Florida Department of State		red agent and n	egistered office on	file with the
<u> </u>	Corporation Se	rvice Company		
<del></del>	1201 Hz	y# Street		_
<del></del>	Tallahasacc, Flo	rida 323012525		
6. The name and street addre changed):			anged) and for reg	 pistered office (if
· ·	C T Corpore	tion System		<b></b>
	c/o C T Corpo	ration System		
	(P.O. Box or personal ma	T		-
120	00 South Pine Island Rose	i, Planunion, Flori	da 33324	
The street address of its regist agent, as changed will be iden	ered office and the st	reet address of	he business office	of its registered
Such change was authorized be authorized by the board, or the	e corporation has been	pted by its boar i notified in wr	d of directors or by ting of the change, J. Pena, Secretary	y an officer so
Signature of an officer distribution of view cha	transe of the board)	(Printer	or typed nesse and title)	<del></del>
thereby accept the appointme further agree to comply with performance of my duties, and registered agent. Or, if this do office address, I hereby confir C I Copposition Spa	nt as registered agen the provisions of all , I am familiar with a ocument is being filed m that the corporation	t and agree to c statutes relative nd accept the o merely to refle n has been noti	ect in this capacity, to the proper and bligation of my post of a change in the fied in writing of the	complete sition as registered his change.
By: MAN T	MUM		6/18/2004	
(Spicelinia of Registered	Agent) U	<del></del> -	(Dathe)	_
f signing on behalf of an entity;				
Sept Ferraro  Cryped or Printed Name	1		(Coparity)	
1 -4€1 = 1200 mg \$1	* * * FILING FE	K: 835.00 * * *	/kar A\	
	~ *~~~ *~ * * *	THE SHOPEY		

MAKE CHICKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLARASSEE, FL 32314