

F03000005716

Florida Department of State  
Division of Corporations  
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REGISTERED AGENT CHANGE

LOANCARE SERVICING CENTER, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RA Kelly*

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Virginia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LOANCARE SERVICING CENTER, INC.
2. The principal office address: 601 Riverside Ave., Jacksonville, FL 32204
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/14/03 Document number: F03000005716
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)

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD SUITE 101  
TALLAHASSEE FL 32301-2960

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
(P.O. Box NOT acceptable)  
Plantation, Florida 33324

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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.

*Madeline Barewald*  
(Signature of an officer or director)

Madeline Barewald, Asst. Secretary  
(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.

By: *Jennifer Quinn*  
(Signature of Registered Agent)

6/17/09  
(Date)

If signing on behalf of an entity:  
Jennifer Quinn  
Assistant Secretary  
(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  
CR2E045 (8/05)