

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

COUNTRYWIDE MANAGEMENT CORPORATION

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T.Roberts JUL 25.2008

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

statement of che	ange is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statutes, this canized under the laws of the State of Delawate istered agent, or both, in the State of Florida.	
	the corporation: Countrywide Managem	,	
-	office address: 4500 Park Granada, CH		_
3. The mailing	address (if different): 8521 Fallbrook Av	renuc, WH-11, West Hills, CA 91304	<u> </u>
4. Date of incor	poration/qualification; 11/4/2005	Document number: F05000006463	
	d street address of the current registered utment of State;	d agent and registered office on file with the	
	The Prentice-Hall Corporation System,	Inc.	~
	1201 Hays Street		96 12
	Tallabassee, FL 32301		7
6. The name an (if changed):		gent (if changed) and /or registered office	3
	C T Corpor	ration System 25	:
	c/o C T Corporation System, 1200 South Pine Island Road		
	(P.O. Box NOT scorpe Plantation, I	rbie) Florids 33324	
•			
The street addr as changed wil	ess of its registered office and the stre I be identical.	est address of the business office of its registered agent,	
Such change w authorized by t	as authorized by resolution duly adop the board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.	
		Clint K. Chung, Sourettry	
	the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the c sing filed merely to reflect a change in the notified in writing of this chan CT Corporation System	(Printed or typed with wind will) and agree to act in this capacity. tatutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the age.	
Ву:	wait -	7/22/2008	
-8-C	ignature of Registreed Agent)	(Date)	
If signing on b	ehalf of an entity: Samantha.	Jones	
	Assistant Se		
	(Typed or Printed Name)		
	•	FEE: \$35.00 * * *	
. N CR2B045 (8/05)	MAKE CHECKS PAYABLE TO MAIL TO: DIVISION OF CORPORATIONS	Florida Department of State 5, P.O. Box 6327, Tallahassee, FL 32314	