

F060000002193

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(Requestor's Name)

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(City/State/Zip/Phone #)

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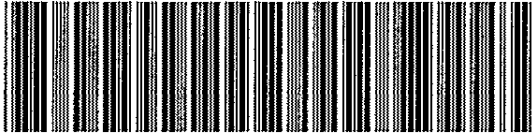
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Clarion Mortgage Capital, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** FD6000012193

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Angelea Kleberger  
(Name of Contact Person)

Clarion Mortgage Capital, Inc.  
(Firm/Company)

6530 S Yosemite St, Suite 300  
(Address)

Greenwood Village, Co 80111  
(City/State and Zip Code)

For further information concerning this matter, please call:

Angelea Kleberger at (303) 843-0777 x1129  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 Colorado in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Clarion Mortgage Capital, Inc.
2. The principal office address: 555 Winderley Pl, Suite 300  
Maitland, FL 32751
3. The mailing address (if different): 6530 S Yosemite St, Suite 300  
Greenwood Village, Co 80111
4. Date of incorporation/qualification: 4/6/06 Document number: F06000002193
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Buddy Dolan  
555 Winderley Pl, Suite 300  
Maitland, FL 32751

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

Brian Lancaster  
555 Winderley Pl, Suite 300  
(P.O. Box NOT acceptable)  
Maitland, FL 32751

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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.

[Signature]  
(Signature of an officer or director)

Larry A Dietz  
(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.

[Signature]  
(Signature of Registered Agent)

6-1-07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*