

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: {850}222-1092

Phone

Fax Number

: (850)878-5926

## REGISTERED AGENT CHANGE

WIDE COMMERCIAL REAL ESTATE FINANCE, INC.

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

Electronic Filing Menu

Corporate Filing Menu

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

statement of change	is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statues, this sized under the laws of the State of California ered agent, or both, in the State of Florida.	<u>-</u> -
1. The name of the c	orporation: Countrywide Commercial	Real Estate Pinance, Inc.	
2. The principal offic	ce address: 4500 Park Granada, Calab	asus, CA 91302	
3. The mailing addre	ss (if different): 8521 Fallbrook Ave.	WH-11, West Hills, CA 91304	
4. Date of incorporat	ion/qualification: 4/21/2006	Document number: F06000003308	
<ol><li>The name and stree Florida Department</li></ol>	et address of the current registered a nt of State:	gent and registered office on file with the	
Car	poration Service Company		8
120	1 Hays Street		08 JUL 2
Jal	ahasaca, FL 32301		(2
6. The name and stre (if changed):	et address of the new registered ager	n (if changed) and /or registered office	
	C T Corporati	on System	
	c/o C T Corporation System, 12	200 South Pine Island Road	
	(P.O. Box NOT acceptable)	<del></del>	
	Plantation, Flor	rida 33324	
The street address of as changed will be in	f its registered office and the street dentical.	address of the business office of its registered ag	ent,
Such change was au authorized by the bo	thorized by resolution duly adopted and, or the corporation has been no	l by its board of directors or by an officer so tified in writing of the change.	
		Clint K. Chung, Secretary	
I hereby accept the i I further agree to co of my duties, and I a document is being fi curporation hay bee	in officer or tillectry  appointment as registered agent an  imply with the provisions of all state in familiar with and accept the obliged  led merely to reflect a change in the  n notified in writing of this change.  Corporation System	(Proled or typed name and tille) d agree to act in this capacity. des relative to the proper and complete perform gation of my position as registered agent. Or, i e registered office address, I hereby confirm tha	ance f this t the
By: Ogv	all J.	7/22/2008	
(Signetur	of Registred Agent)	(Date)	_
lf signing on behalf	of an entity: Samantha Jones		
Charact	Assistent Secretar	y	
(+ypai	* * * FILING FE	E: \$35.00 * * *	
Majl	MAKE CHECKS PAYABLE TO FLO O: DIVISION OF CORPORATIONS, P.	ORIDA DEPARTMENT OF STATE O. BOX 6327, TALLAHASSEE, PL 32314	

FLOOR COVINGENCY System Colline