Division of Corporations Public Access System

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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

Fax Number ; (850)878-5926

KEGEIVED JUNITAM 8: 00 Retary of state

REGISTERED AGENT CHANGE

CITI RESIDENTIAL LENDING INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cl	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Delawase	
	der to change its registered office or registered agent, or both, in the State of Florida.	
•	f the corporation: Citi Residential Lending Inc.	_
2. The principa	al office address: 390 Greenwich Street, New York, NY 10013	_
_		_
3. The mailing	address (if different):	
4. Date of incom	rporation/qualification: 8/21/07 Document number: F07000004226	_
	of street address of the current registered agent and registered office on file with the artment of State:	
	Corporation Service Company	
•	1201 Hays St.	
	Tallahassee, FL 32301-2525	
The name an (if changed):	Tallahassee, FL 32301-2525 d street address of the new registered agent (if changed) and /or registered office	
•	C T Corporation System)
	c/o C T Corporation System, 1200 South Pine Island Road	7.
	(P.O. Box NOT acceptable)	(
	Plantation, Florida 33324	
The atreet address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change we outhorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Henry	transli of Henry (2020 wski, VP	
	the or and those or director) (Fining or typed name and title)	
further agree	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance	
locument is bei	the appointment as registered agent and agree to act in this capacity. The complete performance to comply with the provisions of all statutes relative to the proper and camplete performance at I am familiar with and accept the obligation of my postition as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
ограганов вы	C T Corporation System	
3y: () (2 - 2)	The 16 2007	
f signing on be	half of an entity:	
Jonatha	miles ASST. Sec.	
**	* * * FILING FEE: \$35.00 * * *	
M	Make checks payable to Florida Department of State all to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

PLOOF - 00/14/2005 C T Symme Online

CR2E045 (8/05)