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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575 SECRETARY OF STATE TALLAHASSEE, FLORIBA

REGISTERED AGENT CHANGE

PALLADIUM MORTGAGE CORPORATION

Certificate of Status	0
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Estimated Charge	\$35.00

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DEPARTMENT OF STATE

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7/21/2009

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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, statement of change is submitted for a corporation organized under th in order to change its registered office or registered agent, or	te laws of the State of Georgia
1. The name of the corporation: PALLADIUM MORTGAG	E CORPORATION
2. The principal office address: 3790 Data Drive, Suite 100,	Norcross, GA 30092
3. The mailing address (if different):	
4. Date of incorporation/qualification; 10/23/2007	ment number: F07000005278
The name and street address of the current registered agent and registered agent and registered agent and registered.	istered office on file with the
Russell W Howard	
817 Tarpon Drive	
Ft Walton Beach, FL 32548	
6. The name and street address of the new registered agent (if changed (if changed):	2009 JUL 21 AM SECRETARY OF TALLAHASSEE, F
Corporation Service Company	HAS
1201 Hays Street	SET -
(P.O. Box NOT acceptable)	
Tallahassee, FL 32301	
The street address of its registered office and the street address of tas changed will be identical.	
Such change was authorized by resolution duly adopted by its board authorized by the board, or the corporation has been notified in wr	rd of directors or by an officer so iting of the change.
(Signature of an officer of director)	Super spine and title
I hereby accept the appointment as registered agent and agree to a limither agree to comply with the provisions of all statutes relative of my duties, and I am familiar with and accept the obligation of a document is being filed merely to reflect a change in the registered corporation has been notified in writing of this change.	act in this capacity. e to the proper and complete performance ty position as registered agent. Or, if this I office address, I hereby confirm that the
Corporation Service Company By:	7-21-05
(Signaidre of Registaria Agent)	7-21-05
If signing on behalf of an entity:	
Sylvia Queppet, Asst. VP	
(Typed or Printed Name)	
* * * KILING FEE: \$35.00	ਜ ਨ ਕ

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)