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(Re	equestor's Name)			
(Ad	ddress)			
(Ac	ddress)			
, (Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Nai	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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10/21/13--01034--010 **35.00

SECRETARY OF STAFFOR STAFFOR OF CORPORATION OF CORP

RARDICH S



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: October 17, 2013

Order#: 849462-003

Re: TRUECOMPASS LENDING CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 6 ange is submitted for a corporation or to change its registered office of	n organized under the la	aws of the State of <u>(</u>	Oregon
1. The name of t	the corporation: TRUECOMPASS	LENDING CORPORA	TION	
2. The principal	office address: 8215 SW Tualatir	-Sherwood Road, Suite	e 200 Tualatin, OR	97062
	,,		an sauer	
3. The mailing a	address (if different):		#### AM TO	
4. Date of incorp	poration/qualification: 05/08/200	8 Document	number: <u>F080000</u>	02069
	d street address of the current registrement of State: (If resigned, enter		red office on file wi	th the
	Business Filings Incorporated			
	515 East Park Avenue			Ţ
	Tallahassee	FL.	32301	NISION NISION
6. The name and (if changed):	d street address of the new register	red agent (if changed) ar	nd /or registered off	SECRETARY OF ST NVISION OF COMPOR
	Corporation Service Company			F STA
	1201 Hays Street			2
		Box NOT acceptable		
	Tallahassee	FL	32301	
The street addreas changed will	ess of its registered office and the be identical.	e street address of the bu	usiness office of its	s registered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	ndopted by its board of eeen notified in writing	directors or by an of the change.	officer so
		Dona Priebe, \	/ice President	
	e of an officer or afrector		ted or typed name and till	
agent. Or, if th. hereby confirm	the appointment as registered as to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been no Service Company	' lo reilect a change in t	ne registerea omic	plete as registered e address, I
By: ALL	in august	10/15/2013		
D _E	nature of Registered Agent		Date	
If signing on be	chalf of an entity:			
	t, Assistant Vice President	-		
T	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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