

Division of Corporations

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F93000002288

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:

Account Name : C T CORPORATION SYSTEM
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Phone : (850) 222-1092
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

FREEDOM HOME MORTGAGE CORPORATION

Certificate of Status	0
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DIVISION OF CORPORATIONS

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C. Coulllette JUN 01 2005

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

1. The name of the corporation: Freedom Mortgage Corporation d/b/a Freedom Home Mortgage Corporation
2. The principal office address: 907 Pleasant Valley Ave
Mount Laurel, NJ 08054
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/17/1993 Document number: E93000002288

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System
c/o CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301

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

CT Corporation System
1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, FL 33324

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.

/s/ Daniel Hefferon, VP Secretary

(Signature of an officer or director)

Daniel Hefferon

(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.

Connie Bryan
(Signature of Registered Agent)

June 01, 2005

(Date)

If signing on behalf of an entity:

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Typed or Printed Name)

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

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

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