## F93000004055

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ON SERVICE COMPANY.					
ACCOUNT NO. : 072100000032					
REFERENCE : 938834 163137A					
AUTHORIZATION Spelle Rena					
COST LIMIT : \$ 95.00					
ORDER DATE: March 23, 2006					
ORDER TIME : 11:14 AM					
ORDER NO. : 938834-050					
CUSTOMER NO: 163137A					
CHANGE OF AGENT					
NAME: COLUMN FINANCIAL, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Amanda Haddan					
EXAMINER'S INITIALS:					

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

		12, 607.1508, or 617.1508, Florida Statutes, to nized under the laws of the State ofDelaware	
in order	r to change its registered office or regist	tered agent, or both, in the State of Florida.	
1. The name of t	he corporation: COLUMN FINANCIAL	, INC.	<u> </u>
2. The principal	office address: 3414 Peachtree Road N.E	L. Suite 1140, Atlanta, GA 30326-1162	
		,	
3. The mailing a	ddress (if different): c/o CSFB, Inc., 11 M	Madison Ave., New York, NY 10010	
	s.ār		
4. Date of incorp	ooration/qualification: 09/07/1993	Document number: F93000004055	
	street address of the current registered at timent of State:	agent and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Raod	name on any are to the same of	·
	Plantation, FL 33324		多型
6. The name and (if changed):	street address of the new registered age	ant (if changed) and /or registered office	5
	Corporation Service Company	FS	る。
	1201 Hays Street		55
	(P.O. Box NOT acceptable	=)	
	Tallahassee, FL 32301	<u> </u>	
The street addre	ess of its registered office and the stree be identical.	t address of the business office of its register	red agent,
		ed by its board of directors or by an officer sotified in writing of the change.	3 <b>0</b>
_ + Ca	Great	Rhonda Matty, Asst. Secretary	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent a the appointment as registered agent a to comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in to been notified in writing of this change Service Company	(Printed or typed name and title)  nd agree to act in this capacity, tutes relative to the proper and complete pe ligation of my position as registered agent, he registered office address, I hereby confir- e.	rformance Or, if this m that the
By:	- dela	3/28/04	
7 (Sig	gnature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
Elizabeth A. Dav	wson, Asst. Vice President	<u></u>	=
(7	Typed or Printed Name)		

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

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