Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

FYOM:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092 Phone Fax Number : (850)878-5926

REGISTERED AGENT CHANGE

COUNTRYWIDE CAPITAL MARKETS, INC.

Certificate of Status	0
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Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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

stutement of cha	nge is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of California	·
	,	tered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Countrywide Capital Man	rkets, Inc.	
2. The principal	office address: 4500 Park Granada, Culat	DREES, CA 91302	
3. The mailing a	ddress (if different): 8521 Fallbrook, Ave	anue, WH-11, West Hills, CA 91304	
4. Date of incorp	poration/qualification: 10/14/1993	Document number: F93000004646	
	street address of the current registered attment of State;	agent and registered office on file with the	
	The Frentice-Hall Corporation System, In	16.	
	1201 Hays Street, Stc. 105		. o
	Tallshassee, FL 32301		
6. The name and (if changed):	street address of the new registered age	ant (if changed) and for registered office	DB JUL 24 M
	CT Corporat	tion System	第二 多
	c/o C T Corporation System, 1	1200 South Pine Island Road	700
	(P.O. Box NOT acceptable	c)	
	Plantation, Flo	orida 33324	D
The street address changed will	ess of its registered office and the street be identical.	t address of the business office of its registered age	ent,
Such change we authorized by the	es authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an officer so whilled in writing of the change.	
		Clint K. Chung, Secretary	•
· = ·	me of all offices or arcolor)	(Printed or types tumbe the title)	
I hereby accept I further agree of my duties, an document is bei corporation/has	the appointment as registered agent a to comply with the provisions of all sta de I am jamiliar with and accept the ob de giled merely to reflect a change in t I been notified in writing of this chang	nd agree to act in this capacity, tutes relative to the proper and complete performs thiestion of my position as registered agent. Or, lf the registered office address, I hereby confirm that e.	ince this the
. <i>X</i>	C T Corporation System		•
By:	encell)	7/22/2008	
	mains of Registred Agent) half of an entity:	(Date)	
	Samantha Jones		
C	Typed (Assistant) Secretary		
•	-	'RE: \$35.00 * * *	
M	Make checks payable to Fi ail to: Division of Corporations, i	Lorida Department of State P.O. Box 6327, Tallahasses, PL 32314	

CR2E045 (8/05)

PLINO - GW14/2005 C T System Online