Electronic Filing Cover Sheet

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To:

Division of Corporations

Fam Number

: (850)205-0380

From:

: CORPDIRECT AGENTS, INC. Account Name

Account Number : 110450000714 Phone

(850) 222-1173

Fax Number

: (850)224-1640

REGISTERED AGENT CHANGE

CONTINENTAL MORTGAGE & EQUITY INVESTORS, INC.

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

Help

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

_	·-		, 607.1508, or 617.1508, Florida Statut			
•	•		ted under the laws of the State of <u>Nevac</u> red agent, or both, in the State of Florid			
		-				
I. The name of the corporation: Continental Mortgage and Equity Investor 2. The principal office address: 1800 Valley View Lane, Suite 300, Dallas, TX 75234						_
z. mo primorpar						
3. The mailing a	ddress (if differen	nt):				
4. Date of incorporation/qualification: 3/31/1995 Document number: F950000015						
5. The name and			ent and registered office on file with the			
	CT Corpora	ation System				
	1200 South	200 South Pine Island Road		TA!	0	
	Plantation,	FL 33324		7 JUN ECRETI		
6. The name and (if changed):	street address of	If the new registered agen	t (if changed) and /or registered office	CRETARY (N 22	FILE
	NRAI Servi	rices, Inc.		- , –	P	Ö
	2731 Exec	cutive Park Drive,		STAT	ယ္	
	Weston, F	(P.O. Box NOT accorptable) FL 33331		DA A	52	
The street addn	ess of its register be identical.	red office and the street	address of the business office of its re	gistered a	gent,	,
Such change was authorized by the	as authorized by he board, or the c	resolution duly adopted corporation has been no	l by its board of directors or by an offi tified in writing of the change.	icer so		
Sypina	SUN_		Sabrina Tillapaugh, Vice Pres	ident		
Thereby accept I further agree of my duties, as document is be corporation ha	the appointment to comply with the appointment to comply with the different familiar ing filed merely is been notified in	nt as registered agent an the provisions of all stat with and accept the obl to reflect a change in th n writing of this change.	d agree to act in this capacity, utes relative to the proper and comple igation of my position as registered ag e registered office address, I hereby a	te perfort zent. Or, onfirm th	mance if this at the	
Sypima	gnatura of Rehistered	Agent)	6 119/07 (Date)			
If signing on b	ehalf of an entity	y:	•			
	lapaugh, Ass		·			
·		* * * FILING FI	CE: \$35,00 * * *			
	* *		AND A DESCRIPTION OF COURT			

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

CR2E045 (8/05)