F97000002232

ACCOUNT NUMBER: FCA000000005 REFERENCE: 2016133 (Sub Account) DATE: 11-16-99 REQUESTOR NAME: LEXIS ADDRESS:	99 NOV 16 PM 2: 09 SECRETARIASSEE, FLORIDA
TELEPHONE: () () ext (_ CONTACT NAME: F97 - 2232	
DOCUMENT NUMBER: (if applicable) AUTHORIZATION:	RECEIVED 99 NOV 16 M 11: 44 99 NOV 16 M 11: 44 OFFICIAL OF STATE OF STAT
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY	000030457204 () After 4:30 () Pick Up

C. COULLIETTE NOV 1 7 1999

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of $__$ DE	
submits the following statement in order to change its registered State of Florida.	ofDEl office or registered agent, or both, in the
1. The name of the corporation is: <u>CRSI SPV 1996 PW4</u> , IN	
2. The mailing address of the corporation is: 6954 AMERICANA	the state of the s
3. Date of incorporation/qualification: 04/28/1997	Document number: F97000002232
4. The name and address of the current registered agent and office	The state of the s
CT CORPORATION SYSTEM	1A 99
1200 SOUTH PINE ISLAND ROA	L CRET
PLANTATION, FL 33324	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
LEXIS DOCUMENT SERVICES IN	c Si≅ Z ∪
3953 WW KELLY ROAD	2: 0
TALLAHASSEE, FL 32311	
The street address of its registered office and the street address agent, as changed, will be identical.	of the business office of its registered
Such change was authorized by resolution duly adopted by its lauthorized by the board. (Signature of an officer, chairman or vice chairman of the board)	poard of directors or by an officer so (Date)
Usa CURRIE, Sec.	
(Printed or typed name and title) Having been named as registered agent and to accept service of corporation, I hereby accept the appointment as registered age I further agree to comply with the provisions of all statutes relaperformance of my duties, and I am familiar with and accept the registered agent. (Signature of Registered Agent)	the control of my position as
If signing on behalf of an entity:	(Date)
REBECCA HEISLER	ACCT CECDERADAY
(Typed or Printed Name)	ASST. SECRETARY (Capacity)
CR2E045(4/95)	FILING FEE: \$35.00