

Florida Department of State

Division of Corporations **Public Access System**

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Division of Corporations

Fax Number : (850) 617-6380

From:

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REGISTERED AGENT CHANGE

WAMU INVESTMENTS, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTFI 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 Wwshingtonin order to change its registered office or registered agent, or both, in the State of Florida.	-
1. The name of the corporation: WaMu Investments, Inc.	
2. The principal office address: 17872 Gillette Avenue, 4th Floor, Irvine, CA 92614	
411-	
3. The mailing address (if different): 1301 2ND AVE., WMC3501, Scaule, WA 98101	
4. Date of incorporation/qualification: 8/19/1998 Document number: F98000004740	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	30 80
Corporation Service Company	<u> </u>
1201 Hays Street	ъ С
Tullahassee, FL 32301	
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):	PH 12: 07
C T Corporation System	
a/o C T Corporation System, 1200 South Pine Island Road	
(P.O. Box, NOT acceptable)	
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its registered ager as changed will be identical.	n i ,
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.	
Melissa Fox, Vice President	_
(Signature of a critice or curetor) 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 the 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. CT Corporation System Florence Merceron , 2/10/08	rce his he
By: THORENCE MERCERON ,2/10/08 (Signature of Registered Agent) Accidence Communication (Date)	_
(Signature of Registered Agent) ASSISTANT SECRETARY If signing on behalf of an entity:	
(The state of News)	
(Typed or Frinsed Name) ** * * EYI YNC WWE- \$35.00 * * *	

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