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Office Use Only



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SECULIVATOR STORY

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DEC 1 6 2004



CT Corporation System	660 E. Jefferson St., Tallahassee, F	FL, 32301 850-222-1092
State Home Acceptance Corp.		
		in the selection of the
() Profit () Nonprofit	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership	() Annual Report	() Other
()LLC	() Name Registration	(A) Change of RA
	() Fictitious Name	() UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out		· · · · · · · · · · · · · · · · · · ·
Name	12/14/2004	Order#: 6244755
Availability		
Document	AAM	
Examiner		Ref#:
Updater		
Verifier		
W.P. Verifier		Amount: \$

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

	•		0502, 607.1508, or 617.1.	•
florida	_	•	organized under the laws (' office or registered agent	•
of Florida.	in order	o change his registered	office of registered agent	i, or bom, in the state
•	the corporation:	State Home Acceptance C	orp.	
2. The principal	l office address:			
• •	Avenue, Suite 300			SE SE
				AR R
3. The mailing	address (if differ	ent):		- 22 -
···				62 5 F
4. Date of incor	poration/qualific	ation: 11/20/1985	Document number	
	d street address outment of State:	of the current registered Benjamin P. Butter	agent and registered office	on file with the
•		700 N.W. 107 A	venue	
•	··· _·	Miami, FL 33	1172	
6. The name ar changed):	nd street address		agent (if changed) and /c	or registered office (if
	<u> </u>	C T Corporation	System	
		c/o CT Corporatio	<u></u>	
		South Pine Island Road, Pl		 _
The street addre agent, as chang	ess of its register ed will be identi	red office and the street cal.	address of the business o	ffice of its registered
Such change was authorized by the	as authorized by he board, or the	resolution duly adopte corporation has been no	d by its board of directors orified in writing of the ch Vice President Tressurer	or by an officer so ange.
(Signature of an office	r, chairman at vice chair	man of the board)	(Printed or typed name and	·
I jurther agree performance of registered agen	to comply with t my duties, and h it. Or, if this doc	he provisions of all stail I am familiar with and c cument is being filed m	nd agree to act in this cap tutes relative to the prope accept the obligation of m erely to reflect a change it as been notified in writing	r and complete sy position as n the registered
	Corporation System	n		
By:	Signature of Registered	(cent)	12/13 (Date)	04
If signing on behal		CONNIE BRYAN		
	Typed or Printed Name)	SPECIAL ASSISTANT	(Capacity)	

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