J33658

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e#)
		MAIL
	isiness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
I		
	Office Use On	lv

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11/12/02--01034--008 **35.00



DIVISION OF CLIFTOWNION



CT CORPORATION SYSTEM

November 11, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399

Re:	Order #: 5719517 SO		
	Customer Reference 1:	Washington Mutual	
	Customer Reference 2:		

Dear Secretary of State, Florida:

Please file the attached:

HomeSide Lending, Inc. (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

- -

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If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland -Fulfillment Specialist Melanie_Strickland@cch-lis.com -

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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 <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : HomeSide Lending, Inc.

2. The mailing address of the corporation : 7301 Baymeadows Way, Jacksonville, FL 32256

3. Date of incorporation/qualification: 09/18/86 Document number: J33658

4. The name and address of the current registered agent and office:

	Marilyn J. Lea	··· _=	
	7301 Baymeadows Way	<u> </u>	· · · ·
	Jacksonville, FL 32256		TALSE 02
5. The name a	nd address of the new registered agent (if (P. O. Box Not A		r registered office (if changed):
	CT Corporation System	<u></u>	Self 12
	1200 South Pine Island Road	<u>~~</u>	FLO
	Plantation, FL 33324	-	ATE 25
The street add	ress of its registered office and the stree ged, will be identical.	t address of the	business office of its registered
=	vas authorized by resolution duly adopted	= d by its board o	f directors or by an officer so
authorized by	the bard	50 09 16 00ard 0	10/31/02
(Signatur	e of an officer, chairman or vice chairman of the boa	rd)	(Date)
Craig S. D	avis, President (Printed or typed name and title)		· _ ·
Having been r corporation, I I further agree performance o registered age	named as registered agent and to accept hereby accept the appointment as regis e to comply with the provisions of all sta of my duties, and I am familiar with and mt	service of proce tered agent and ututes relative to accept the oblig	ess for the above stated agree to act in this capacity. the proper and complete gation of my position as
A al le	(Signature of Registered Agent)	lo =	11-08-2002 (Date)
If signing on beh	7	5 J	•
	C. Gariepy		Secretary

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

DIVISION OF CORPORATIONS

(Typed or Printed Name)

P.O. Box 6327

(Capacity)