## COCOCO 113

2) HomeAlliance Company	LLC		
	XX		
		ASEC LLC	
· · · · · · · · · · · · · · · · · · ·		AUG CRET	
		ASS. 5	
		F.S. P.	
:		FLORID RID	
() Profit	() Amendment	() Merger	
() Nonprofit () Foreign	() Disselve - Marie 1	02	
() Potoign	() Dissolution/Withdrawal () Reinstatement	() Mark	
() Limited Partnership	() Annual Report	() Other	
()LLC	() Name Registration	() Other (x) Change of RA	
() () () () ()	() Fictitious Name	()UCC € ₹ 5	
() Certified Copy	() Photocopies	() Merger  () Mark  () Other (x) Change of RA () UCC () CUS	
() Call When Ready	() Call If Problem	() After 4:30	
(x) Walk In	() Will Wait	(x) Pick Up	
() Mail Out			
Name	9/15/00		
Ayajlability	8/15/02	Order#: 5513841	
Document			
Examiner		Ref#:	
UpdaterDC			
Verifier			
W.P. Verifier		Amount: \$	
der			

Tel. 85<del>0 22</del>2 1092 <del>Pax 850 222</del> 7615

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ugeni, or both, in the blace of 1.				
1. The name of the limited liab	ility company is:	Homealliance Mortgage Company LLC	<del></del>	<del></del> *
2. The mailing address of the li	mited liability co	mpany is: 8100 Nations Way		•
Jacksonville, Florida 32256				·
			<del>-</del>	· <del></del> · · · <del>-</del> -
9/26/2000	. <u> </u>	L00000011713	<u> ≯∽</u>	<del>- 몽 -</del>
3. Date of filing/registration in	Florida	4. Document number	L CR	= =
5. The name of the registered as Florida Department of State:	gent and the regist	tered office address as shown on the re-	cords of th	7
<del>-</del>	e, Terrance G, Jr.		μÖ	<b>-</b>
		Name	F.S	PM 2: 48
8100	Nations Way		ORID.	<del>-</del>
		Address		œ
Jacks	sonville, Fl. 32256			-
<del></del>	City,	State and Zip		
6. The name and address of the	new registered as	gent and/or office:		
CTO	Corporation System	None		
1200	South Pine Island Ro	Name		
1200 Flo	rida street addres	s (P.O. Box NOT acceptable)	•	Sign Fells
110		1		
Plan	tation	FL 33324		1000 Co.
	City, S	State and Zip		-
and the business office of the r	e or changes are in egistered agent we confirmed that the coility company or limited liability of		orida limite affirmativ	ed re vote of
(Signature of a Themoer of the Morrised To	prosentative of a mome	,		
(Printed or typed name of signee)		<del>- Lander de</del> la companya de la comp	-	<u>≠</u> ; .
I hereby accept the appointme comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this a address, I hereby confirm that C T Corporation System	ent as registered a all statutes relativ cept the obligation locument is being the limited liabil	ngent and agree to act in this capacity.  The to the proper and complete performance of my position as registered agent a filed to merely reflect a change in the sity company has been notified in writing.	I further ance of my s provided registered general states of this c	agree to duties, l for in l office hange.
		James A. Bordonaro		
Division of	Cornorations, P	O. Box 6327, Tallahassee, FL 3231	4	

**FILING FEE: \$25.00** 

INHS18(10/99)