

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000115611 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : PCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5926

RECEIVED

05 MAY -5 PM 4:05

DIVISION OF CORPORATIONS

STATE
 OF
 FLORIDA

05 MAY -5 PM 8:50

FILED

REGISTERED AGENT CHANGE

CAMBRIDGE MORTGAGE COMPANY, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing

Public Access Menu

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

Pursuant to the provisions of sections 608.416 or 608.308, 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.

1. The name of the limited liability company is: Cambridge Mortgage Company, L.L.C.
2. The mailing address of the limited liability company is: 225 S Westmonte Drive, Ste 3320
Altamonte Springs, FL 32714

3. Date of filing/registration in Florida 11/13/2000
4. Document number 100000013936

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jerry Stakley
Name
225 N Westmonte Drive
Address
Altamonte Springs, FL 32714
City, State and Zip

6. The name and address of the new registered agent and/or office:

CT Corporation System
Name
1250 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a shareholder or authorized representative of a member)

Darl A. Edinger - Managing Member
(Printed or typed name of signer)

I hereby accept this 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

PETER F. SOUZA
CT Corporation System
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

DNH&B(10/99)

FILING FEE: \$25.00

FL112-021004 CT System Online

FILED
05 MAY -5 AM 8:50
STATE
OFFICE
TALLAHASSEE
FLORIDA