

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CARLTON FIELD Account Number : 076077000855 Phone : (813)223-7000

Phone : (813)223-7000 Fax Number : (813)229-4133 \*\*\*PLEASE PROCESS BY 9/10/12\*\*\*
FORMER REGISTERED AGENT
HAS ALREADY RESIGNED.

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: KALPNA.SHAH@GE.COM

ME CEIVED 12 SEP -6 PH 3: 13 ECKETARY OF STATE LLAHASSEE. FLORIDA

## LLC REGISTERED AGENT CHANGE BRITISH MORTGAGES ABROAD, LLC

Certificate of Status	D
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H12000221020 STATEMENT OF CHANGE OF REGISTERED OFF BOTH FOR LIMITED LIABILITY COMPANY	ICE OR REGISTERED AGENT OR LEE FLORIDA
Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Stututes, the undersigned limited er to change its registered office or registered
I. Name of the limited liability company:BRITIS	H MORTGAGES ABROAD, LLC
2. (a) Principal office address of limited liability compan	y: 201 S BISCAYNE BLVD
(Note: MUST BE STREET ADDRESS)	SUITE 1500 (BB) MAMLFL 33131
(b) Mailing address of limited liability company:	201 S BISCAYNE BLVD
(Note: MAY BE POST OFFICE BOX)	SUITE 1500 (BB) MIAM! EL 33131
06/12/2001 3. Date of filing/registration in Florida	L01000009360 4. iDocument number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State;
Registered Agent:	CORPORATION COMPANY OF MIAMS
Registered Office Address:	201 S BISCAYNE BLVD SUITE 1500-BB MIAMI FL 33131 US
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	CFRA, LLC
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	100 S.ASHLEY DR. STE 400  IAMPAFL33602
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company or the operating agreement of the limited liability company.  Signature of a member or additionated representative of a member  **ELL   Coard Director   Director   For Araban Better    Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the progret I am lamitlar with and accept the obligations of my pochapter 008, F.S. On, if this document is being filed to met address, I hereby confirm that the limited liability company of the properties of Registered Agent	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
Division of Corporations, P.O. Box 633 FILING FEE: S2	
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