L02000063741

| (Req | uestor's Name) | | | |
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| (Addi | ress) | | | |
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| (City/ | State/Zip/Phone | e #) | | |
| | | MAIL | | |
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| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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FIL FD PH 3: 05





OH AUG - 6 PH 3: 05 CORPORATION SERVICE COMPANY. ACCOUNT NO. : 07210000032 833110 REFERENCE : 431977 atr AUTHORIZATION : COST LIMIT : \$ 25.00 ______ ORDER DATE : August 3, 2004 ORDER TIME : 10:28 AM ORDER NO. : 833110-005 CUSTOMER NO: 4319772 Ms Faye L. Kunz-mac F4030-101 CUSTOMER: Wells Fargo Financial, Inc. 800 Walnut Street Des Moines, IA 50309 CHANGE OF AGENT

> NAME: WELLS FARGO SERVICING SOLUTIONS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

| | CERTIE | TED COPY | <u>,</u> | | | - | _ |
|-----------|--------|----------|----------|------|------|---|----------|
| <u>XX</u> | PLAIN | STAMPED | COPY | | | | <u> </u> |

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER: ____

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.

| 1. The name of the limited liability company is: WE | LLS FARGO SERVICING SOLUT | IDNS FLLC |
|---|---------------------------|-------------|
| 2. The mailing address of the limited liability compa | any is : | |
| 800 Walnut Street, Des Moines, IA 50309 | -3636 | Serie R. O |
| 02/13/2002 | L0200003741 | FLOR |
| 3. Date of filing/registration in Florida | 4. Document number | <u>D</u> r. |

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

| | Richard C | . Potter |
|-----|---------------|-------------------|
| | Na | me |
| 300 | International | Parkway, Ste. 492 |
| | Add | ress |
| | Heathrow, | FL 32746 |
| | City, State | e and Zip |

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

| Corporatio | on Servio | e Company | | | |
|--|-----------|-----------|--|--|--|
| Name | | | | | |
| 1201 Hays Street | | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | | |
| Tallahassee | FL | 32301 | | | |

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. Wells Farge Financial Florida, Inc.

(Signature of a member or authorized representative of a member) Reed W. Ramsay, President

(Printed or typed name of signee)

I hereby accept the 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.

(Signature of Registered Agent) Michelle Vannoy, Asst. Vice President

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

INHS18(10/99)

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FILING FEE: \$25.00