020000 18121

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2003 JUN -9 AM 8: 29

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 c	ompany is: Built Around	d You Mortgage, LLC
2. The mailing address of the limited	liability company is:	
700 NW 107 Avenue, Suite 300		
July 18, 2002		L020000 18121
3. Date of filing/registration in Florid	la 4.	Document number
5. The name of the registered agent as Florida Department of State: David E	nd the registered office add	dress as shown on the records of the
700 N	Name W 107 Avenue	
	Address Florida 33172	
	City, State and Zip	
6. The name and address of the new r	egistered agent and/or offic	
Benjamir	P. Butterfield	FILE SSO
700 NVV TO/ Avenue #10 IT		
Florida st	reet address (P.O. Box NO	OT acceptable)
Miami	_{FL} 33172	
	City, State and Zip	5 5
and the business office of the register liability company, it is hereby confirm	anges are made, the Florida ed agent will be identical. ned that the change(s) was ompany or as otherwise produced liability company.	a street address of the registered office Or, in the case of a Florida limited /were authorized by an affirmative vote of ovided in the articles of organization or
(Printed or typed name of signee)	7.2	in 171 miles and the second control of the s
I hereby accept the appointment as recomply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirm that the lin (Signature of Registered Agent)	egistered agent and agree uies relative to the proper e obligations of my position nt is being filed to merely i uited liability company has	to act in this capacity. I further agree to and complete performance of my duties, n as registered agent as provided for in reflect a change in the registered office seen notified in writing of this change.
	erations, P.O. Box 6327, T	Fallahassee, FL 32314

FILING FEE: \$25.00