

M0000000924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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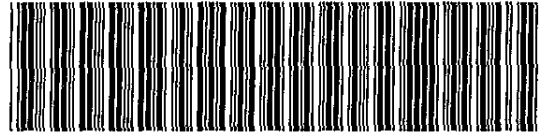
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE : 865728 7319193

AUTHORIZATION :

COST LIMIT : \$ 25.00

*Patricia Pigato*

ORDER DATE : December 19, 2002

ORDER TIME : 8:14 AM

ORDER NO. : 865728-330

CUSTOMER NO: 7319193

CUSTOMER: Ms. Beverly Thurston  
Washington Mutual Finance  
8900 Grand Oak Circle

Tampa, FL 33637-1050

CHANGE OF AGENT

NAME: WASHINGTON MUTUAL FINANCE OF  
FLORIDA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

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**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: WASHINGTON MUTUAL FINANCE OF FLORIDA, LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

8900 Grand Oak Circle, Tampa, FL 33637

May 12, 2000  
3. Date of filing/registration in Florida

M00000000924  
4. Document number

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

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

Corporation Service 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.

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

See attached for title information

(Printed or typed name of signer)

*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.*

Cynthia L. Harris **Cynthia L. Harris**  
(Signature of Registered Agent) **as its agent**

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

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STATE

SIGNATURE AND TITLE INFORMATION FOR: —

WASHINGTON MUTUAL FINANCE OF FLORIDA, LLC

Deborah R. Tracy, Vice President for  
Washington Mutual Finance Corporation, Sole Member  
for Washington Mutual Finance of Florida, LLC —

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CLERK OF STATE  
TALLAHASSEE, FLORIDA