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ACCOUNT NO. : 072100000032

REFERENCE : 679538

7430088

AUTHORIZATION :

COST LIMIT :

ORDER DATE: May 24, 2004

ORDER TIME : 11:42 AM

ORDER NO. : 679538-250

CUSTOMER NO: 7430088

CUSTOMER: Mr Bruce Felix

Oak Street Mortgage

Suite 400

11595 North Meridian Carmel, IN 46032

CHANGE OF AGENT

NAME: OAK STREET MORTGAGE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

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

⁽ P)						
Pursuant to the provisio liability company submit agent, or both, in the Stat	ns of sections 608.416 s the following statemer e of Florida.	or 608.508, nt in order to	Florida Statute o change its regi	s, the under istered offic	rsigned lim e or regist	iited ered
1. The name of the limite	ed liability company is:	OAK STREET	MORTGAGE LLC	·	-	·
2. The mailing address o	f the limited liability cor	mpany is:				
11595 N. Meridian	St., Suite 400, Car	rmel, IN 46	5032	 4	0	
				P.C.	主州	
July 5, 2000		٠.	M00000001312	72.7		<u></u>
3. Date of filing/registrat	ion in Florida	4	Document nur	nber 5	8 -	П
5. The name of the registe Florida Department of		ered office a	ddress as shown	on the recor	ds of the	J
C T Corporation System				. ` <u>`</u>	選る	
		Name		(500	
	1200 South		đ Roađ	-	•	
		Address				
Plantation, FL 33324						
	City, :	State and Zip	1			
6. The name and address	of the new registered ag	ent and/or of	fice:			
	Corporation	Service Co	ompany	-		
Name						
	1201 Hays Street					
	Florida street address	(P.O. Box N	OT acceptable)			
	Tallahassee	FL	32301			
	City, St	ate and Zip				
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited by the limited liability concords and the liability company, it is here the liability company in the limited liability company in the liability company in the limited liability company in the liability company in the limited liability company in the l	hange or changes are man the registered agent will reby confirmed that the additional distribution of the limited liability company or a liability or a liability company or a liability or a liabilit	ade, the Flori I be identical change(s) wa s otherwise p impany.	da street address . Or, in the case s/were authorize	of the regist of a Florida d by an affir	tered office limited rmative vot	te of
Maureen Cullen, Atto: (Printed or typed name of signee)		<u> </u>				
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if I address, I hereby confirm				pacity. I fu erformance agent as pro in the regi n writing of	rther agree of my dutie vided for i stered offic this change	? to ?s, n e e.
(Signature of Registered Agent)	Sylvia Queppet, Ass	 sistant Vic	ce President			

FILING FEE: \$25.00

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