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ACCOUNT NO. : 072100000032

REFERENCE : 865728 7319193

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : December 19, 2002

7:56 AM ORDER TIME :

ORDER NO. : 865728-270

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

ASSET HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_ PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

## 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.

ageni, or boin, in the state of						
1. The name of the limited li	ability company is: $\frac{W}{2}$	ASHINGTON M	UTUAL FINAN	CE ASSET HO	DLDINGS	, LLC
2. The mailing address of the	limited liability com	pany is:				
8900 Grand Oak Circle	e, Tampa, FL 33637	,			-	
April 26, 2001	<u> </u>	MC	1000000950	- +		<u> </u>
3. Date of filing/registration	in Florida	4.	Document nur	nber		
5. The name of the registered Florida Department of Stat	agent and the register	ed office add	ress as shown	on the record	s of the	
	CT Corpor	ation Syste	em			
		Name		-		
			W I			
	1200 South P		Koad .	<del>-</del>	•	-
		ddress			1200	O
		n, FL 3332	4			<u>ت</u>
	City, St	ate and Zip				हिन हिन्दु हिन्दु
6. The name and address of the	ne new registered ager	nt and/or offic	ce:		ASSE	8 :
	Corporation :	Service Com	กลทบ		.મં≘	P :
	<del> </del>	· · · · · · · · · · · · · · · · · · ·	parry	<del>-</del>	골상:	
	=	me			22.5	1: 09
		ys Street				20
F	lorida street address (	P.O. Box NO	T acceptable)	-	.T.	
	Tallahassee	FL	32301			
	City, Sta	te and Zip				
If the limited liability compar confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited li- the operating agreement of the	ge or changes are mad registered agent will confirmed that the clability company or as limited liability con	le, the Florida be identical. hange(s) was/	street address Or, in the case were authorize	of the registed of a Florida d by an affiri	ered office limited mative ve	ote of
(Signature of a member or authorized	representative of a member)	side.		eni .		
See attached for title	information	<del></del>		2.05		
(Printed or typed name of signee)		•				
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this address, I hereby confirm tha		nt and agree to the proper of my position of merely recompany has	to act in this co and complete p a as registered reflect a chang been notified i	ipacity. I fur erformance of agent as prove the regist n writing of t	ther agre of my dui vided for tered off his chan	ee to ties, : in ice :ge.
Gentla A Har	Cynthia L. H					
(Signature of Registered Agent)	as its age	nt	·			

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

INHS18(10/99)

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**FILING FEE: \$25.00** 

## SIGNATURE AND TITLE INFORMATION FOR: WASHINGTON MUTUAL FINANCE ASSET HOLDINGS, LLC

Deborah R. Tracy, Vice President for Washington Mutual Finance Corporation, Sole Member for Washington Mutual Finance Asset Holdings, LLC