## M01000001004

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e#)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only

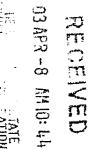


100014228141

THILLED

SECRETARIST TERM

M





ACCOUNT NO. : 072100000032

REFERENCE: 865728

7319193

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 19, 2002

ORDER TIME : 8:20 AM

ORDER NO. : 865728-360

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

TEXAS, 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 provisic Hability company submit agent, or both, in the Stat	s the following stater. e of Florida.	nent in order to	change its regis	tered office or	registered
1. The name of the limit	ed liability company i	s: Washington	MUTUAL FINANC	e of Texas,	LLC
2. The mailing address o				TO	<b>₹</b> 
8900 Grand Oak Ci	•			5.1E	, 2h
0300 GIAIL OAK CI	rere, rampa, ru J.	3037			<del></del> .
May 4, 2001			M01000001004		
3. Date of filing/registrat	ion in Florida	4	. Document num	ber	_
5. The name of the registr Florida Department of		istered office ac	ddress as shown o	n the records of	the
	CT Cor	poration Sys	tem		
		Name			
e e	1200 Sout	h Pine Islan	d Road	=	
		Address			
		ation, FL 333 y, State and Zip			-
C The manner and address.					
6. The name and address	of the new registered	agent and/or or	nce:		
	Corporati	on Service Co	ompany		
· -	<del></del>	Name		m 2-	<b>~</b> →·
1201 Hays Street				-	·
	Florida street addre	ess (P.O. Box N	OT acceptable)		
	Tallahassee	FL	32301	f - 4	<u>.</u>
	City,	State and Zip			
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement.	hange or changes are the registered agent reby confirmed that the liability company of the limited liability	made, the Florical will be identical ne change(s) war as otherwise prompany.	da street address o . Or, in the case of t	f the registered of a Florida lim by an affirmat	l office ited ive vote of
(Signature of a member or author	rized representative of a men	iber)			
See attached for tit	le imformation	see e s com			
(Printed or typed name of signee		_			
I hereby accept the appo comply with the provision and I am familiar with at Chapter 608, F.S. Or, if address, I hereby confirm			e to act in this cap r and complete pe on as registered a v reflect a change as been notified in	pacity. I further rformance of m gent as provide in the registere writing of this	r agree to by dutics, ged for in ed office change.
Cynthax dar		<u>Harris</u>			
(Signature of Registered Agent)	as its ag	ent			

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

INHS18(10/99)

FILING FEE: \$25.00

## SIGNATURE AND TITLE INFORMATION FOR: WASHINGTON MUTUAL FINANCE OF TEXAS, LLC

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

OS ARION ON 1.24