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DEPARTMENT OF STATE

DIVISION OF CORPORATION



ACCOUNT NO. : 072100000032

REFERENCE: 051414 7562899

AUTHORIZATION :

ORDER DATE: August 11, 2007

ORDER TIME : 12:08 PM

ORDER NO. : 051414-030

CUSTOMER NO: 7562899

CHANGE OF AGENT

NAME: GUIDANCE RESIDENTIAL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:



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 liabi	lity company is:	GUIDANCE RE	SIDENTIAL, LLC		
2. The mailing address of the lin	nited liability co	ompany is :			
11109 Sunset Hills Road, Reston, VA	20190				
11/1/2/0001					
11/16/2001			M01000002590		
3. Date of filing/registration in l	rlorida	4.	Document numb	er	
5. The name of the registered ag Florida Department of State:	ent and the regis	stered office add	iress as shown on	the records of the	
•	СТС	orporation System		O7 SE	
Name 1200 South Pine Island Road					
Name 1200 South Pine Island Road Address Address					
Plantation, FL 33324 City State and Zip					
	City,	State and Zip			
6. The name and address of the r	new registered a	gent and/or offic	ce:	8: 24 FLORIDA	
	Corporatio	on Service Compan	y	>	
	·	Name			
	1201	Hays Street			
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301		
- 11	City, S	State and Zip			
If the limited liability company is confirmed that after the change of and the business office of the regliability company, it is hereby co of the members of the limited li or the operating agreement of the Wignature of a member or authorized representation of the Change Confirmed Conf	or changes are no gistered agent wonfirmed that the ability company e limited liability esentative of a member of the control	nade, the Florida ill be identical. e change(s) was, or as otherwise y company. er) mad Thesistad saw	a street address of Or, in the case of were authorized provided in the a	f the registered office f a Florida limited by an affirmative vote articles of organization	
I hereby accept the appointmen comply with the provisions of all and I am familiar with and accellated the confirmation of the confirmation that the confirmation of t	I statutes relative the obligation cument is being te limited liabili	ĕ to the prŏper on the soft my position filed to merely reflect to merely reflect to the soft to the s	and complete per 1 as registered ag reflect a change i been notified in 1	formance of my duties, ent as provided for in n the registered office writing of this change.	
(Signature of Registered Agent) Elizabeth A. Dawson, Asst. Vice Presi Division of C		O. Box 6327, T	Callahassee, FL	32314	

FILING FEE: \$25.00