## M02000000215

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2003 OCT 14 PM 3: 57

## 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 limite	d liability company is: RIVERCREST MORTGAG	3E, LLC	
2. The mailing address of	f the limited liability company is :		
245 RIVERSIDE AVEN	NUE SUITE 500, JACKSONVILLE, FL 32202		
1/15/2002	M0200000021	5	
3. Date of filing/registrat	<u> </u>		
• •	ered agent and the registered office address as shown of State:		
	LAWRENCE PAINE	. I for a first transfer of the second	
	Name 245 RIVERSIDE AVENUE SUITE 500	in the second	
<u>.</u> . , , , <del>, , ,</del>	Address JACKSONVILLE, FL 32202		
• • .	City, State and Zip		
6. The name and address of the new registered agent and/or office:			
	CHRISTINE M. MARX	2003	
	Same as above	OCT J	
	Florida street address (P.O. Box NOT acceptable)	SEE F	
	FL		
	City, State and Zip	ORIG	
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 of a member or author	ized representative of a member)	-	
Ousan G. W. (Printed or typed name of signee)	utlatel.		
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered agent and agree to act in this ca is of all statutes relative to the proper and complete p of accept the obligations of my position as registered this document is being filed to merely reflect a change that the limited liability company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in In the registered office In writing of this change.	
(Signature of Registered Agent)	May	شقوش معطومين بالمائي	

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

INHS18(10/99)

FILING FEE: \$25.00