<u> 10200001470</u>

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ACCOUNT NO. : 072100000032 REFERENCE: 720391 7443861 AUTHORIZATION COST LIMIT ORDER DATE: January 19, 2007 ORDER TIME : 10:07 AM ORDER NO. : 720391-315 CUSTOMER NO: 7443861 CHANGE OF AGENT NAME: HOMESYNC FINANCIAL SERVICES, LLCPLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY 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 limite	d liability company i	s: HOMESYNC	FINANCIAL SER	VICES, LLC	
2. The mailing address of	the limited liability	company is :			
3232 Newmark Drive, Attn: A	ABA Operations, Miamis	burg, OH 45342			
06/06/2002			M02000001470		
3. Date of filing/registration in Florida		4. Document number			
5. The name of the register Florida Department of		gistered office a	ddress as shown	on the records of the	
•	СТ	Corporation System	n		
		Name		_	
1200 South Pine Island Road					
		Address		- 	
Plantation, FL 33324					
	Cit	y, State and Zip			
6. The name and address of	of the new registered	agent and/or of	fice:	TAR TAR TAR TAR	
	Corpora	tion Service Comp	any	mo I	
		Name		E.S. C.	
	12	01 Hays Street		SE 26	
	Florida street addre	ess (P.O. Box N	OT acceptable)	Or.	
	Tallahassee	FL	32301		
	City	, State and Zip			
If the limited liability come confirmed that after the cland the business office of liability company, it is her of the members of the limited or the operating agreement. (Signature of a member or author)	nange or changes are the registered agent reby confirmed that the nited liability compaint of the limited liability.	made, the Flori will be identical the change(s) want or as otherwill of the company.	da street address	s of the registered office	
John D. Walter , Mg/ (Printed or typed name of signee) I hereby accept the appoint		agent and agre	e to act in this c	apacity. I further agree to	
comply with the provision and I am familiar with an Chapter 608, F.S. Or, if t address, I hereby confirm (Signature of Registered Agent) Elizabeth A. Dawson, Asst. V		ive to the prope ons of my positi g filed to merely lity company ho	r and complete i on as registered reflect a chang is been notified	apacity. I further agree to performance of my duties, agent as provided for in se in the registered office in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05) #315