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ACCOUNT NO. : 072100000032 REFERENCE: 505168 5156034 COLLEGE ST. ST. AUTHORIZATION_ COST LIMIT ORDER DATE : October 5, 2006 ORDER TIME : 12:18 PM ORDER NO. : 505168-015 CUSTOMER NO: 5156034 CHANGE OF AGENT PALM BEACH MORTGAGE NAME: MANAGEMENT, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Dina Davis Thank you!

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 liability co	ompany is: PALM BEA	ACH MORTGAGE MA	NAGEMENT, LLC	
2. The mailing address of the limited	liability company is:			
450 Royal Palm Way, Suite 450, Palm Beach	n, FL 33480			
October 9, 2002		M02000002691		
3. Date of filing/registration in Florid	a	4. Document nun	nber	
5. The name of the registered agent an Florida Department of State:	d the registered office	e address as shown o	on the records of the	
-	Donald A. Burns			
	Name		. 0	
450 Royal Palm Way, Suite 450				
Address				
	Palm Beach, FL 334 City, State and 2		起る。	
6. The name and address of the new re	• *	•	OF STATE OF STATE OF STATE OF STATE	
	Corporation Service Cor	mpany	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	Name 1201 Hays Street		RIDA	
Florida str	reet address (P.O. Box	NOT acceptable)		
Tallai	hassee FL	32301		
- " 	City, State and Zi	p		
If the limited liability company is not confirmed that after the change or cha and the business office of the registere liability company, it is hereby confirm of the members of the limited liability or the operating agreement of the limited liability or the limited liability or the operating agreement of the limited liability o	anges are made, the Flored agent will be identified that the change(s) y company or as other ted liability company.	orida street address cal. Or, in the case	of the registered office of a Florida limited d by an affirmative vote	
(Printed or typed name of signee)	1 NS	-		
I hereby accept the appointment as recomply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this document address, I hereby confirm that the lim	egistered agent and ag ites relative to the pro obligations of my pos nt is being filed to mer ited liability company	gree to act in this ca per and complete p lition as registered of ely reflect a change has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office n writing of this change.	
(Signature of Registered Agent) Sylvia Queppet, Asst. VP				

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

INHS18 (8/05)