

M020VV0003269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

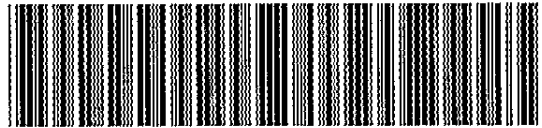
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



100020873271

06/30/03--U1001--018 \*\*25.00

FILED  
03 JUN 30 PM 1:07  
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03 JUN 30 AM 10:46  
TALLAHASSEE, FLORIDA  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

MP

CT CORPORATION

June 30, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

03 JUN 30 PM 1:07  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 5882705 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

CapitalSource Holdings LLC (DE)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at  
(850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**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 company is: CapitalSource Holdings LLC
2. The mailing address of the limited liability company is : 4445 WILLARD AVENUE  
CHEVY CHASE MD 20815

12/09/2002  
3. Date of filing/registration in Florida

M02000003269  
4. Document number

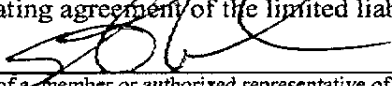
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY  
Name  
1201 HAYS STREET  
Address  
TALLAHASSEE FL 32301-2525  
City, State and Zip

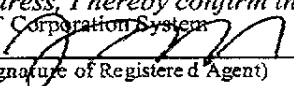
6. The name and address of the new registered agent and/or office:

C T Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
City, State and Zip

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 authorized representative of a member)  
Steven A. Museles  
Senior Vice President, General  
Counsel and Secretary  
(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)  
**Stacy M. Rosenthal**  
**Vice President and**  
**Assistant Secretary**

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