## M 02000003486

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submits agent, or both, in the State	ns of sections 608.416 the following statement e of Florida.	or 608.508, Florida Sta nt in order to change its	tutes, the undersigned limited registered office or registered
1. The name of the limite	d liability company is:	Creative Mortgage Re	sources, LLC
2. The mailing address of			
Atlanta, GA 30338			
4/16/2003		M0200000	3486
3. Date of filing/registrati	on in Florida	4. Document	number
5. The name of the registe Florida Department of S	red agent and the regist State:	ered office address as sho	wn on the records of the
•	Corporation Service	s Company	
	1201 Hays Street	Name	22
	Tallahassee FL 303	· · ·	FILED 2003 OCT 24 AM TALLAHASSEE, F
	City, S	State and Zip	11 2 L
6. The name and address of	of the new registered ag	ent and/or office:	SSERVE STORY
	Eric Rocereta		E S
	4620 West Cathrier	ame Court	FLORIDA
	Florida street address	(P.O. Box NOT acceptab	ole)
	Jacksonville	FL 32259	<u></u>
	City, St	ate and Zip	
and the business office of	lange or changes are ma	de, the Florida street add	ress of the registered office
Signature of a member or authori	zed representative of a member	)	•
James D. Willard			•
(Printed or typed name of signee)		<del></del>	
I hereby accept the appoint comply with the provision, and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered ag s of all statutes relative l accept the obligations his document is being fi that the limited liability	ent and agree to act in the to the proper and comple of my position as registed to merely reflect a chip company has been notifi	is capacity. I further agree to the performance of my duties, red agent as provided for in ange in the registered office ed in writing of this change.
(Signature of Registered Agent)		<u> </u>	

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