103000000924

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(Address)				
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US CorpWorks Inc.

P: 303.393.8800

Toll-Free: 888.967.5799

F: 303.393.8900

Division of Corporations
FROM:
Char McAdow
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

COMPANY:
DATE:
12/5/2003

RE:
Sun Mortgage and Funding, LLC

We request your assistance in filing the following qualification documents on an **expedited** basis (as much as possible). Please send evidence of the filing to me via regular mail at the address shown below.

If you have any questions, please do not hesitate to call me.

Thanks for your help!

DIVISION OF CORPUKATIONS

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 limi	ted liability compan	y is: Sun Mortga	ige and Funding, LLC	
2. The mailing address				
3/20/2003			M0300000924	•
3. Date of filing/registra	ation in Florida	·	4. Document numb	ber
5. The name of the regis Florida Department of		registered office	address as shown or	the records of the
•	C T Corporation S	ystem		0 =
•		Name		3C
	1200 South Pine Is	sland Road		JECRET O3 DEC
		Address		1 77
	Plantation, FL 333	324 ⁻	<u> </u>	9 CRE
		City, State and Z	Cip	구 공유
6. The name and addres	s of the new register	red agent and/or	office:	3: 27
	NRAI Services, Inc	;,		→
		Name		
	526 E. Park Avenue	е		_
	Florida street ad	idress (P.O. Box	NOT acceptable)	
	Tallahassee	FL 3230	1	
	C	ity, State and Zij	p	
If the limited liability confirmed that after the and the business office liability company, it is I the members of the limit the operating agreemen	change or changes a of the registered age nereby confirmed tha ited liability compan	are made, the Floor int will be idention at the change(s) ay or as otherwis	orida street address o cal. Or, in the case o was/were authorized e provided in the arti	of the registered office
(Signature of a member or aut)	horized representative of a	member)		· - ž
Richard A. Verduchi, Sole (Printed or typed name of sign	e Member	red agent and as	ree to act in this cap per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in the registered office writing of this change.
(Signature of Registered-Agen Michael Mirrione, Asst. S	Secy.	PO Boy 630	7 Tellahassaa FI	32314

FILING FEE: \$25.00

INHS18(10/99)