

MO 3000001645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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05 JAN -3 AM 11:06
TALLAHASSEE, FLORIDA

FILED
05 JAN -3 PM 2:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

CT Corp

January 3, 2005

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

Re: Order #: 6244755 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

UAMC Capital, LLC (DE)
Change of Agent
Florida

~~First Home Title, LLC (FL)~~
~~Change of Agent~~
Florida

~~Eagle Home Mortgage, Inc. (FLA)~~
~~Change of Agent~~
Florida

~~Lawson Land Partners Sub, Inc (FL)~~
~~Change of Agent~~
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: UAMC Capital, LLC

2. The mailing address of the limited liability company is : 700 NW 107TH AVE., SUITE 300

MIAMI FL 33172

5/21/03

M03000001645

3. Date of filing/registration in Florida

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:

BUTTERFIELD, BENJAMIN P

Name

700 NW 107TH AVE., SUITE 400

Address

MIAMI FL 33172

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)

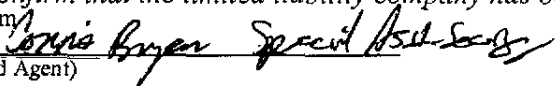
Janice Munoz

Vice President/Treasurer

(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.

C T Corporation System


(Signature of Registered Agent)

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

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TALLAHASSEE, FLORIDA