M03000001793

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entity Marile)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400018943654

BK

03 JUL 29 PH I2: 43





ACCOUNT NO. : 072100000032

REFERENCE : 168083

167868A

AUTHORIZATION

COST LIMIT

ORDER DATE : July 14, 2003

ORDER TIME: 8:16 AM

ORDER NO. : 168083-070

CUSTOMER NO: 167868A

CUSTOMER: Ms. Carol R. Mullis

Wachovia Corporation

One Wachovia Center, Nc0630 301 South College Street-30th Charlotte, NC 28288-0630

CHANGE OF AGENT

WEXFORD CLEARING SERVICES, LLC NAME:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

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	d liability company is	: WEXFORD C	LEARING SERVI	CES, LLC .	
2. The mailing address of	the limited liability c	company is:			
One New York Plaza	·				
one New Tork Traza	, New Tolk, NI To	ZJE ZOII		······································	
June 2, 2003			M03000001793		
Date of filing/registrati	on in Florida		4. Document no	ımber	
5. The name of the registe Florida Department of S		istered office a	address as showr	on the records of the	
	CT Cor	poration Sy	stem	_ = = = = = = = = = = = = = = = = = = =	
		Name			
	1200 Sout	h Pine Isla	nd Road		
		Address			
Plantation, FL 33324 City, State and Zip					
	City	, State and Zr	Þ	29 2 5	
6. The name and address of	of the new registered	agent and/or o	ffice:	B O	
	Corporatio	on Service (Company		
		Name			
1201 Hays Street					
	Florida street addre	ss (P.O. Box I	NOT acceptable		
	Tallahassee	FL	32301 -	_	
	City,	State and Zip			
If the limited liability comconfirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited the operating agreement of a member or authority.	nange or changes are a the registered agent we be confirmed that the d liability company of f the limited liability	made, the Flor vill be identicate change(s) was otherwise company.	ida street addres d. Or, in the cas	s of the registered office	
		,			
(Printed or typed name of signee)	15	<u> </u>			
I hereby accept the appoi comply with the provision and I am familiar with an Chapter 608, F.S. Or, if t address, I hereby confirm	ntment as registered s of all statules relati d accept the obligatio his document is being that the limited liabil	agent and agr ve to the prop ons of my posit g filed to mere lity company h	ee to act in this of er and complete ion as registered by reflect a chan as been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.	
Je Py	Jennine (.			
(Signature of Registered Agent)	26 1 13	agent			

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