M0300002700

Randall Mortgage Services, Inc. (Requestors Name)				
(Requestor's Name)				
665 Metro Place South				
Ste. 600 (Address)				
(Address)				
Dublin Oh 43017 (City/State/Zip/Phone #)				
(City/State/Elp/Filone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
1203-2200				
M RA Office Use Only				
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08/29/05--01038--007 **25.00

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SELVILLE 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.

ageni, or boin, in the state	oj i ioriaa.			
1. The name of the limited liability company is:		Randall Mortgage Services of Florida, LLC		
2. The mailing address of t	he limited liability cor	mpany is : 2701 North Roo	cky Point Drive	
07/07/2003		M030000022	00	
3. Date of filing/registration	n in Florida	4. Document number		
Florida Department of St		ered office address as shown	on the records of the	
_	1200 South Pine Isa	Name alnd Road	-	
- -	Plantation, FL 33324	Address 4 State and Zip	TAL	
6. The name and address of	the new registered age	*	106 29 LATE AS	
_	James T. Dillard			
2701 North Rocky Point Drive, Suite 530				
	Florida street address (P.O. Box NOT acceptable)			
ד	Гатра	FL 33607	7	
	City, St	ate and Zip	<u> </u>	
confirmed that after the cha and the business office of th liability company, it is here!	nge or changes are man ne registered agent will by confirmed that the	nder the laws of the State of ide, the Florida street address l be identical. Or, in the case change(s) was/were authorizes otherwise provided in the a	s of the registered office e of a Florida limited ed by an affirmative vote of	

(Signature of a position of authorized representative of a member)

Robert R. Shepherd

(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)

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

FILING FEE: \$25.00