

m03000004010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

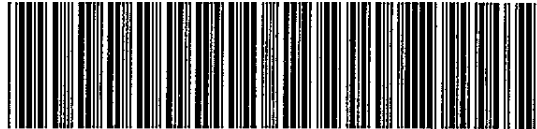
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

| | |
|---------------------|-----------------|
| Operator | Office Use Only |
| Director | DOC |
| Chief of Department | DOC |
| W. P. Verifier | DOC |



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SECRETARY OF STATE
ALHAMBRA, CALIF.

77



FILING REQUEST

August 19, 2004

FLORIDA SECRETARY OF STATE

| | |
|-------------------|---|
| Type of Filing: | CHANGE OF AGENT |
| Subject(s): | HOMEQUEST CAPITAL FUNDING, LLC |
| Form(s) Enclosed: | STATEMENT OF CHANGE OF REGISTERED AGENT |

| | |
|-------------------------|--------------------------|
| Supporting Document(s): | NONE |
| Check Enclosed: | CHECK #16555 FOR \$25.00 |
| Return Via: | REGULAR MAIL |
| Filing Method: | ASAP |

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE RETURN TO: PREMIER CORPORATE SERVICES, INC.
590 PARK STREET, SUITE 6
ST. PAUL, MN 55103

Please call me at **1-800-227-1256** if there are any questions.

Thank you!

Sue Brodtmann

**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: Homequest Capital Funding, LLC
2. The mailing address of the limited liability company is : _____
3000 Mill Creek Ave #400, Alpharetta, GA 30022

12/03/2003

M03000004010

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:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

526 E. Park Avenue

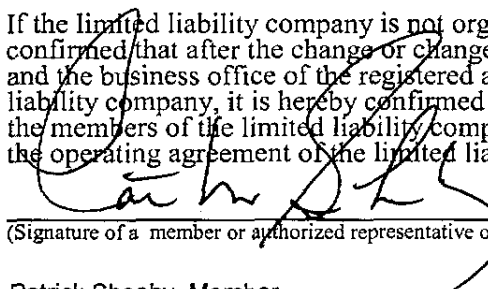
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32301

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)

Patrick Sheehy, Member

(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.

NRAI Services, Inc.


(Signature of Registered Agent)

Sue Brodtmann, Asst. Secretary

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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