MU6000003882

(Re	equestor's Name)
(Ad	ldress)
(//	iuress)
(Ac	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bı	usiness Entity Name)
,	
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





900084566509

07 JAN 23 AM 8: 26 SECRETARY OF STATE SELLAHASSEE, FLORID

DEFARÎ MEHT DE STATE MSION OF CORPORATIONS ALLAHASSEE, FLORIDA RECEIVED
7 JAN 23 PH 12: 4



ACCOUNT NO. : 072100000032

REFERENCE : 720391

7443861

AUTHORIZATION :

COST LIMIT :

ORDER DATE: January 19, 2007

ORDER TIME : 10:05 AM

ORDER NO. : 720391-310

CUSTOMER NO: 7443861

CHANGE OF AGENT

NAME: GREENBRIAR MORTGAGE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

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 limite	d liability company is	s: GREENBRIE	R MORTGAGE, LL	.C		
2. The mailing address of	f the limited liability of	company is :				
600 Lynnhaven Pkwy. Ste. 10						
ood Byllinia von 1 kwy. Bio. 10	ori, virgina Doubli, viri			·		
06/21/2006		M06000003882				
3. Date of filing/registration	ion in Florida	. 4	Document nur	nber		
5. The name of the register Florida Department of		istered office ac	ddress as shown	on the records of the		
	СТС	Corporation System	n			
Name AS 9						
, 1200 South Pine Island Road						
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: Corporation Service Company						
Corporation Service Company						
Name 1201 Hays Street						
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL	32301			
	City,	State and Zip				
If the limited liability comconfirmed that after the cland the business office of liability company, it is her of the members of the lim or the operating agreement (Signature) of a member or authority (Signature) of a member of a member of a member or authority (Signature) of a member of a member of a member or authority (Signature) of a member of	nange or changes are the registered agent vereby confirmed that the sited liability companit of the limited liability.	made, the Florical be identical ne change(s) was otherwisty company.	da street address Or, in the case s/were authorize	of the registered office of a Florida limited ed by an affirmative vote		
	zed representative of a men					
John D. Walter (Printed or typed name of signee)	RM					
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent) Elizabeth A. Dawson, Asst. V	ice President					
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314						

FILING FEE: \$25.00

INHS18 (8/05) #3/0