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Office Use Only



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EXAMINER

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ACCOUNT NO. : I2000000195

REFERENCE: 441929 7783796

AUTHORIZATION :,

COST LIMIT : (\$

ORDER DATE : July 9, 2010

ORDER TIME : 5:32 PM

ORDER NO. : 441929-125

CUSTOMER NO: 7783796

CHANGE OF AGENT

NAME: EAS RESIDENTIAL SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| company submits the following statement in order to che in the State of Florida. | oo, Florida Statutes, the undersigned limited liability ange its registered office or registered agent or bay |
|--|--|
| 1. Name of the limited liability company: EAS RESI | DENTIAL SERVICES, LLC |
| 2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS) | ny: 965 Ridge Lake Blvd. Suite 201 Memphis, TN 38120 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| 10/29/2009 | M09000004281 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown or | n the records of the Florida Dept. of State: |
| Registered Agent: | C T Corporation System |
| Registered Office Address: | 1200 South Pine Island Road Plantation, FL 33324 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : | EW Registered Office address: Corporation Service Company |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street |
| | Tallahassee ,FL 32301 |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member) | tet address of the registered office and the business case of a Florida limited liability company it is |
| Blanca Lozada, Authorized Person (Printed or typed name of signee) | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the piam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified to provide the limited liability company has been notified. | agree to act in this capacity. I further agree to roper and complete performance of my duties, and I is registered agent as provided for in Chapter 608, change in the registered office address, I hereby ad in writing of this change. |
| By: (Signature of Registered Agent) Sylvia Queppet, Asst. VP | 4 |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)