ACCOUNT NO.

072100000032

REFERENCE

169575

5142120

AUTHORIZATION

OF 0

COST LIMIT

JIMIT : \$ 35.

ORDER DATE: March 15, 1999

ORDER TIME :

11:52 AM

ORDER NO.

169575-050

CUSTOMER NO:

5142120

400002808554--2

CUSTOMER:

Lisa Fellows, Legal Asst

Norwest Mortgage

1 Home Campus

Des Moines, IA 50328-0001

CHANGE OF AGENT

AR 16 PM 4: 4.1

PUN OF CORPORATION

NAME:

EDWARD JONES MORTGAGE, LLC

LEASE RETURN THE FOLLOWING AS PROOF OF FILING:

SXX

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Robert Turner

Name Availability 3-

Dacument

Xamina

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Acknowledg herit

W. P. Verifyer

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provision	s of sections 608.416 or 608.50	8, Florida Statutes, the DELAWARE.	ne <u>u</u> ndersigned limited
liability company organize submits the following stat the State of Florida.	ed under the laws of the State of ement in order to change its reg (PLEASE PRI	istered office or registe	ered agent, or both, in
la. The name of the limited liability company is: EDWARD JONES MORTGAGE, LLC			
1b. The mailing address	of the limited liability company	is:	
1c. Date of filing/registra	ation in Florida: 5/6/98	Document number:	
2. The name and address	of the current registered agent a	ind office:	
	C T CORPORATION SYSTEM		.=
	1200 SOUTH PINE ISLAND ROP	AD	99 MAR 99 MAR SECRET
	PLANTATION, FL 33324		FIL ETAR) MIASS
3. The name and address	of the new registered agent and	office: (P.O. Box NO	_n = 0
	Corporation Service Compar	ıy .	STATE STATE
	1201 Hays Street		
	Tallahassee, FL 32301		d the business office of
the registered agent will be Such change was author company or as provided in	ized by affirmative vote of a main the articles of organization or the	niority of the members	of the limited liability
(Signature of a member or a	> LOThe	<u> 3/1</u>	0/99 (Date)
James Str	other		· —
(Printed or typed na Having been named as a liability company, I her capacity. I further agree complete performance of as registered agent.	me and title) registered agent and to accept s reby accept the appointment as ee to comply with the provision f my duties, and I am familiar w	ervice of process for a registered agent an as of all statutes rela with and accept the ob	the above stated limited d agree to act in this tive to the proper and ligations of my position
Deliveral D. Skippen as agent		3/	//5/99 (Date)
(Signature of Registered Agent)			· · ·

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

FILING FEE: \$35.00

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