

m99000000333

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

200002904292--4  
-06/15/99--01002--013  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Southcoast Alliance of Foreclosure Specialists, LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit                        | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                    |
| <input type="checkbox"/> NonProfit                     |   |  |
| <input type="checkbox"/> Limited Liability Company     |   |  |
| <input type="checkbox"/> Foreign                       | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                      |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> Reservation            | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership |   | <input type="checkbox"/> Fictitious Name           |
| <input type="checkbox"/> Certified Copy                | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                       |
| <input type="checkbox"/> Call When Ready               | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30                |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up        |
| <input type="checkbox"/> Mail Out                      |   |  |

Name	6/15/99
Availability	dec
Document Examiner	dec
Updater	dec
Verifier	dec
Acknowledgment	dec
W.P. Verifier	dec

6/14/99

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RECEIVED FILED  
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STATE  
TALLAHASSEE, FLORIDA

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 provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company organized under the laws of the State of Texas, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1a. The name of the limited liability company is: SOUTHEAST ALLIANCE OF FORECLOSURE  
SPECIALISTS, LLC

1b. The mailing address of the limited liability company is: 3280 Point Parkway, Ste. 1000,  
Atlanta, GA. 30092

1c. Date of filing/registration in Florida: 03/05/99 Document number: M99000000333

2. The name and address of the current registered agent and office:

CORPORATION SERVICE COMPANY  
1201 Hays Street, Tallahassee, FL. 32301

3. The name and address of the new registered agent and office: (P.O. BOX NOT ACCEPTABLE)

CT CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation, FL 33324

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99 JUN 14 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

After the change or changes are made, the street address of the registered office and the business office of the registered agent will be identical.

Such change was authorized by affirmative vote of a majority of the members of the limited liability company or as provided in the articles of organization or the regulations of the limited liability company.

Nancy T. Richards  
(Signature of a member or  
authorized representative of a member)

June 8, 1999  
(Date)

Nancy T. Richards, JV Partner  
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 obligation of my position as registered agent.*

CT CORPORATION SYSTEM

[Signature]  
(Signature of Registered Agent)

6-11-99  
(Date)

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