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CORPORATION(S) NAME					
WRI Opportunity Loans II LI	<u>.c</u>				-
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() Profit	() Amendment	() Merger	影震 7		
() Nonprofit			<u> </u>	: 7	
() Foreign	() Dissolution/Withdrawal	() Mark	19.	RECEIVED !!! !!!)
	() Reinstatement		<u> </u>	Ö.	
() Limited Partnership	() Annual Report	() Other		. دسه	
()LLC	() Name Registration	(X) Change of	RA 🛷		
	() Fictitious Name	() UCC	*****	-	
() Certified Copy	() Photocopies	() CUS			
() Call When Ready	() Call If Problem	() After 4:30	·····	•	
(x) Walk In	() Will Wait	(x) Pick Up			
() Mail Out				_	-
Name	2/12/02	Order#: 502	9230		
Availability	LI 121 VL	ÖÖÖÖ	$9230 \\ 1049111$	35	-15
Document		-	02/12/0201	*****	J <u>∠</u> J 7⊑ NN
Examiner		Ref#:	*****25.00	कृतः कः वः वः (
Updater					
Verifier		,			
W.P. Verifier		Amount: \$			

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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.

 The name of the limited 	liability company	is: WRI OPPORTUNI	TY LOANS II LLC		·
2. The mailing address of a Seattle, WA 98101	the limited liability	ocompany is:1301	l Fifth Ave.,	Ste. 3128	·
10/15/00		MOC	900001637	+	
10/15/99 3. Date of filing/registration	on in Florida	-	ocument number		
5. The name of the register Florida Department of S		egistered office addre	ss as shown on th	e records of t	he
C	ORPORATION	SERVICE COMPA	NY .		
1	1201 HAYS ST	REET			
-	TALLAHASSEE,	Address FL 32301		- · - :	<u> </u>
-	C	ity, State and Zip		أركبير مسا ط يافتو الانتال	3
6. The name and address of the new registered agent and/or office:				第2 第2 のこ	<u> </u>
•	C T Corporation Syste	m			. Second 1
•		Name	•	71	According 1997
<u>1</u>	200 South Pine Island	l Road		灵玉	٠. تا
	Florida street add	ress (P.O. Box NOT	acceptable)	D/r	ప
_	Plantation	FL 33324			
	Cit	y, State and Zip			
(Signature of a member or authority	ange or changes ar the registered agent by confirmed that liability company the limited liability and representative of a more	e made, the Florida st t will be identical. On the change(s) was/we or as otherwise proving cy company.	treet address of the r, in the case of a ere authorized by ided in the article	ne registered o Florida limite	office ed
(Printed or typed name of signee)	MA, Waroun	ie sencelline)		
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to Temporation System (Signature of Registere d Agent)	of all statutes related accept the obligation is document is being that the limited liated liated.	itive to the proper an tions of my position a ing filed to merely ref	d complete performs registered agent a change in the sen notified in wr	rmance of my it as provided the registered	duties, for in office
		, P.O. Box 6327, Tal		314	
A-1 7 10101	Por morono	,			

FILING FEE: \$25.00

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