## P94000024993

| (Re                                     | equestor's Name)     |                |  |  |
|---|----------------------|----------------|--|--|
| (Address)                               |                      |                |  |  |
| (Ad                                     | dress)               |                |  |  |
| (Cit                                    | ty/State/Zip/Phone # | <del>/</del> ) |  |  |
| PICK-UP                                 | ☐ WAIT               | MAIL           |  |  |
| (Business Entity Name)                  |                      |                |  |  |
| (Document Number)                       |                      |                |  |  |
| Certified Copies                        | Certificates o       | of Status      |  |  |
| Special instructions to Filing Officer: |                      |                |  |  |
|   |                      |                |  |  |
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OF SEP 20 PM 4: 52

SECRETARY OF STATE
TALLARIASSEE, FLORIDA



ACCOUNT NO. : 072100000032 REFERENCE: 862334 4338458 AUTHORIZATION ORDER DATE: August 25, 2004 ORDER TIME : 2:53 PM ORDER NO. : 862334-180 CUSTOMER NO: 4338458 CUSTOMER: Ms. Terri Denoncourt Ocwen Financial Corporation The Forum 1675 Palm Beach Lakes Blvd. West Palm Beach, FL 33401 CHANGE OF AGENT NAME: NHPAHP DEVELOPMENT CORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED\_COPY XX PLAIN STAMPED COPY CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of se statement of change is submitted in order to change its t  | d for a corporation orga                         | •  | e State of FLORIDA               |
|---|--|--|----------------------------------|
| 1. The name of the corporation:   | NHPAHP DEVELOPMEN                                | T CORPORATION  |                                  |
| 2. The principal office address:  | 1675 Palm Beach La                               | akes Blvd., West Pa  | alm Beach, FL 33401              |
| 3. The mailing address (if differ West Palm Beach, FL:  |  | Denoncourt, 1675 Pa  | lm Beach Lakes, Blvd.,           |
| 4. Date of incorporation/qualific   | cation: 04/01/1994                               | Document number  | P94000024993                     |
| 5. The name and street address of Florida Department of State:  | of the current registered                        | agent and registered office                                | on file with the                 |
| John R. Erb   | ey   |  |                                  |
| 1675 Palm B   | each Lakes Blvd.                                 |  |                                  |
| West Palm F   | Beach, FL 33401                                  |  | SI SI                            |
| 6. The name and street address of the new registered agent (if changed) and /or registered (if changed):  |  |  |                                  |
| Corporation   | Service Company                                  |  | E C C I                          |
| 1201 Hays S   | treet  |  | F STA                            |
| Tallahassee   | (P.O. Box NOT acceptable<br>e, FL 32301          | e)   | : 52<br>RIDA                     |
| The street address of its registe as changed will be identical.   | red office and the street                        | t address of the business                                  | office of its registered agent,  |
| Such change was authorized by authorized by the board or the  | resolution duly adopte<br>corporation has been n | ed by its board of director<br>otified in writing of the c | rs or by an officer so<br>hange. |
| Signature of an officer of di   | rector)  | Mark J. Nichols,   | VP                               |
| I hereby accept the appointmer I further agree to comply with of my duties, and I am familiar document is being filed merely corporation has been notified in Corporation Service | Company  |  |                                  |
| By Cuntling A. hb (Signature of Registered  | Agent)   | 9/16   | /M<br>ate)                       |
| If signing on behalf of an entity  Cynthia L. Harris  as its agent  (Typed of Printed Nam   | y:   | ,-   |                                  |

\* \* \* FILING FEE: \$35.00 \* \* \*