**Document Number Only** CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address Tallahassee, FL 222-1092 800002052648--1 Phone State City -01/09/97--01056--022 \*\*\*\*490.00 \*\*\*\*\*35.00 CORPORATION(S) NAME Southeast Title L oan () Profit () Merger -() Amendment () NonProfit ( ) Limited Liability Co. () Dissolution/Withdrawal () Mark () Foreign (.) Other UCC Filing () Annual Report () Limited Partnership Change of R.A. () Reservation () Reinstatement )Fic. Name () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready Pick Up 關 Walk In () Mail Out Name Availability PLEASE RETURN EXTEN FILE STAMPED Document Examiner Updater Verifier Acknowledgment

W.P. Verifier

CR2E031 (1-89)

## FLORIDA DEPARTMENT OF STATE, JIM SMITH, SECRETARY OF STATE

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent or both, in the State of Florida.	
1b. The Date of incorporation05/23/96	Document number P96000043632
2. The name and address of the current registere	ed agent and office:  ALLCR AL
MICHAEL J CONIGLIO	
	SS W
104 EAST THIRD AVENUE, TALLAHASS	agent and office:
3. The name and address of the new registered (P.O. Box Not Acceptable)	1-00
(P.O. Box Not Acceptable)	PORATION SYSTEM
The street address of its registered agent and the first registered agent as changed will be identiced Such change was authorized by resolution duly an officer so authorized by the board.	al.
VinCVII. L	Roderick A. Aycox, President
12-30-96 SIGNATURE	Typed or printed name and title
DATE	
HAVING BEEN NAMED AS REGISTERED APROCESS FOR THE ABOVE STATED COR IN THIS CERTIFICATE, I HEREBY ACCEPT AGENT AND AGREE TO ACT IN THIS CAP WITH THE PROVISIONS OF MY DUTIES, AT THE OBLIGATION OF MY POSITION AS RE	PORATION AT THE PLACE DESIGNATED THE APPOINTMENT AS REGISTERED ACITY. I FURTHER AGREE TO COMPLY AND I AM FAMILIAR WITH AND ACCEPT
DIVISION OF CORPORATIONS, P.O. E	OX 6327, TALLAHÄSSEE, FL 32314
CR2E045 (7-91)	FILING FEE: \$35.00

John Masters