2098145 **Document Number Only** CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address 32301 Tallahassee, FL 222-1092 Zip Phone State City CORPORATION(S) NAME 2000002047012---4 -01/06/9/--01043--018 Poh land of Delembe II, me () Profit () Merger () Amendment 537 () NonProfit () Limited Liability Co. () Mark () Dissolution/Withdrawal () Foreign () Other uec Filing (XChange of R.A. () Annual Report () Limited Partnership () Reservation () Reinstatement)Fic. Name () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready Pick Up 図 Walk In () Mail Out Name PLEASE RETURN EXTRA COPIES Availability FILE STAMPED Document Examiner 1-6-97 Updater Verilier Acknowledgment W.P. Verifier CR2E031 (1-89)

Horida Department of State, Jim Smith, Societary 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 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 corporation is:	SH LOANS OF ORLANDO, II, INC.
1b. Date of incorporation 12-04-9	6 Document numbar
2. The name and address of the curre	ent registered agent and office: AS 9
MICHAEL J. CONIGLIO 104 EAST THIRD AVENUE, T.	TI': Z
3. The name and address of the new re (P.O. Box Not Acceptable)	ogistered agent and office:
c/o C T CORPORATION SYSTEM, 1200	South Pine Island Rd., Plantation Florigh 33324
of its registered agent as changed will Such change was authorized by resolution officer so authorized by the board. SIGNATURE	ution duly adopted by its board of directors or by
DATE	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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. SIGNATURE BY, CORPORATION SYSTEM Dale Morris (Registered Agent)	
Division of Corporations, P.O. Box 6327, Taliahassee, FL 32314	
CR2E045 (7-91)	FILING FEE: \$35.00