Document Number Only CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address 32301 Tallahassee, FL 222-1092 Phone Zip State City 1000002047021--8 -01/66/97-01043-016 -+++770.00 +++++35.00 CORPORATION(S) NAME Osh land of Jordinille JII 108 () Profit () Merger () Amendment () NonProfit () Limited Liability Co. () Mark () Dissolution/Withdrawal () Foreign () Other ucc Filing () Annual Report () Limited Partnership (XChange of R.A. () Reservation () Reinstatement) Fic. Name () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready Pick Up Walk In () Mail Out Name PLEASE RETURN EXTRA COPIES Availability FILE STAMPED Document Examiner Updater Verifier FA Change 1-7-97 Acknowledgment W.P. Verifier CR2E031 (1-89)

Floride 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.

1a. The name of the corporation is:CA	SH LOANS OF JACKSONVILLE, III, INC.
1b. Date of incorporation 12-04-96	Document number 70 9
2. The name and address of the current MICHAEL J. CONIGLIO	SS. of
104 EAST THIRD AVENUE, TA	LLAHASSEE, FL 32303
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM	
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324	
of its registered agent as changed will b	nt and the street address of the business office e identical. Ion duly adopted by its board of directors or by
an oniger so authorized by the board.	Roderick A. Aycox, President
SIGNATURE	Typed or printed name and title
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: OT CORPORATION SYSTEM SIGNATURE BY: (Registered Agent) ASST. V.P.	
Division of Corporations, P.	O. Box 6327, Taliahassee, FL 32314
CR2E045 (7-91)	FILING FEE: \$35.00

TOTAL P. 02