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Requestor's Name

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CT CORPORATION SYSTEM

Limited Partnership

Reinstatement

Trademark

Other

Office Use Only

| | | T NUMBER(S), (if known): | | | | | |
|------------|--|--|--------------|-----------------------------------|------------|-----------|---------------------|
| | 818 West Seventh Street | | (Document #) | | | - | |
| | Fax 213 614 93 | | (Docum | ent #) | | | <u>-</u> . |
| | 3. <u>(Corp</u> | oration Name) | (Docum | ent #) | | | - TES |
| | 4(Corp | oration Name) | (Docum | ent #) | <u> </u> | g ar a sa | 3.1 · 7 · 4. |
| | Walk in Mail out | Pick up time Will wait | Photocopy | Certified Copy Certificate of Sta | | | |
| | NEW FILINGS | AMENDMEN: | rs: | | PM 1: 05 | M O | |
| | Profit | Amendment | | | : 0; SA | | |
| | NonProfit | IonProfit Resignation of R.A., Officer | | _ | Sim S. | | |
| | Limited Liability Change of Registered Agent | | ed Agent | | - | | |
| | Domestication | Dissolution/Withdrawal | | | | | |
| | Other | er Merger | | | | | |
| E-11.18.18 | OTHERSTLINGS | REGISTRAT | IION/ | | | | |
| - | Annual Report | QUALIFICA | | | | • | |
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Fictitious Name

Name Reservation

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 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: Metropolis Mortgage Company | | | | | | |
| 1b. Date of incorporation September 15, 1997 Document number P47000079868 | | | | | | |
| 2. The name and address of the current registered agent and office: | | | | | | |
| Pondolfi, Robert | | | | | | |
| 4700 Biscayne Blvd Fifth Floor Miami, FL 33137 | | | | | | |
| 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 3332 | | | | | | |
| The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. James J. Murphy, Vice President | | | | | | |
| SIGNATUR# (Type or printed name and title) | | | | | | |
| Ap / il 14, 1999 | | | | | | |
| 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. | | | | | | |
| C T CORPORATION SYSTEM SIGNATURE BY: David I. Farber Assistant Secretary (Registered Agent) | | | | | | |
| DATE March 22, 1999 | | | | | | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (7-91) Filing Fee: \$35.00