F03000004007

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	- W)
(Oil	.y/Ctate/2ip/i fione	· #)
□ PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Condition Copies		<u> </u>
Special Instructions to	Filing Officer:	
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Office Use Only



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OFFEB-3 WHIT: 34
SECRETARY OF STATE

C. Coulliste FEB 0 3 2004

February 3, 2004

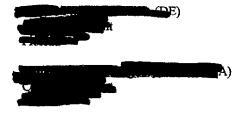
Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 6026280 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:



Origen Servicing, Inc. (DE) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley_Mitchell@cch-lis.com 1.

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

Pursuant to the	e provisions of sections 607.0502	, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
this statement of	=	ation organized under the laws of the State of	
	in order to change its regi	stered office or registered agent, or both, in the State	
of Florida.	the corporation: Origen Servicing	Inc	
2. The principal	office address: 27777 Franklin Ro	ad, Suite 1700, Southfield, MI 48034	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 08/13/03	Document number: F03000004007	
	artment of State:	stered agent and registered office on file with the	416
	Corporation	Service Company	Ė
	1201	Hays Street TS	٠.,
	Tallahassee	FL 32301-2525	T
6. The name as changed):		stered agent (if changed) and /or registered office (if	
	o/o C.T.Coo	mountain Strateur	
		poration System mailbox NOT acceptable)	
		oad, Plantation, Florida 33324	
The street addragent, as chang	ess of its registered office and the ed will be identical.	street address of the business office of its registered	
(Signature of an office I hereby accept I further agree performance of registered agen office address, C T By:	r, chairman of the board)	dopted by its board of directors or by an officer so een notified in writing of the change. (Frinted or typed name and title) rent and agree to act in this capacity. It statutes relative to the proper and complete and accept the obligation of my position as led merely to reflect a change in the registered tion has been notified in writing of this change. (Date)	-
If signing on beha		CONNIE BRYAN SPECIAL ASSISTANT SECRETARY	
(Typed or Printed Name)	(Capacity)	

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