

Division of Corporations Public Access System

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Division of Corporations Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (850)222-1092 er : (850)878-5926



REGISTERED AGENT CHANGE

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CALIFORNIA RECONVEYANCE COMPANY

Cartificate of Status	0
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Estimated Charge	\$35.00

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Help

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, this statement of change is submitted for a corporation organized under the laws of the State of <u>California</u>_______, in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of th	The name of the corporation: California Reconveyance Company							
2. The principal c	• •	9200 Oakdale Aven	ue, Chatsworth CA 91311					
3. The mailing ad	ldress (if different):_	1301 2nd Ave., WM	C3501, Seattle WA 9810					
4. Date of incorp	oration/qualification	. 12/14/2006	Document number:	F060000077	10	<u>-</u>	· ·	
	street address of the ment of State: (If rea		ent and registered office	on file with th	SEC.	08 [
	Согра	ration Service Compa	iny	• •	AHA	DEE		ŕ
120) Hays Street Tallahassee, FL 32301					ARY	_		
				EF	PM			
6. The name and (if changed):	street address of the	new registered agen	t (if changed) and /or reg	istered office	OF STATE E. FLORIDA	1:23	.	÷
C T Corporation System								
	c/o C T C	orporation System, 12	200 South Pine Island Road	đ				

(P.O. Box NOT acceptable)

Plantation, Florida 33324

The street address of its registered office 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, or the corporation has been notified in writing of the change.

an officer or director)

Melissa Fox, Vice-President

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

poration System 0 By: NOO Signature of Recistered Ages

If signing on behalf of an entity:

Kit Raseman. sistant Secretary

or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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