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DATE: 2/18/14

NAME: AMERIFIRST FINANCIAL CORPORATION

TYPE OF FILING: CHANGE OF AGENT

COST: 35.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

1 4

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ to change its registered office or regist	nized under the laws of the Sta	te of Mich	this Igan	
1. The name of t	he corporation: AMERIFIR	ST FINANCIAL CO	RPORA	TION	
2. The principal 616	office address: W. Centre Avenue	Portage	MI	49024	
_	ddress (if different): 6 W. Centre Avenue	Portage	Ml	49024	
4. Date of incorp	oration/qualification: April 10, 20	001 Document number:	F01000	001928	
5. The name and	street address of the current registered attended to the transfer of State: (If resigned, enter resigned)	agent and registered office on	file with the		
	Incorp Serv	ices, Inc.		20 14	
17888 67TH COURT NORTH,					
	LOXAHATCHE	E, FL 33470	38.54 	18 E	
6. The name and (if changed):	street address of the new registered age National Corporate Res		OF STATE	PH 1: 14	
	155 Office Plaza Drive				
F.O. Box NOT acceptable					
	Tallahassee, FL 3230				
The street address changed will	ss of its registered office and the street be identical.	address of the business office	of its registe	red agent,	
Such change we authorized by	is assimptized by resolution duly adopted by for the corporation has been no	d by its board of directors or b tified in writing of the change	y an officer s e.	0	
Signotu	re-olymotheer or director	Mark Jones, Printed or typed name	esident		
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as registered agent an to damply with the provisions of all stat my duties, and I am familiar with and a is document is being filed merely to ref that the corporation has been notified	nd agree to act in this capacity tutes relative to the proper an accept the obligation of my pa lect a change in the registered in writing of this change.	y, d complete ssition as regi i office addre.	stered ss, I	
	nature of Registered Agent	2/18/2014	<i>(</i>		
	half of an entity:	2-14			

Lucy Rose, Assistant Secretary

Typed or Printed Name

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