

10/9/2015

F1200002510

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000242688 3)))



H15000242688ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT 12 AM 8:56

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN 1ST MARYLAND MORTGAGE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

OCT 13 2014
C. CARROTHERS

RECEIVED
OCT 12 PM 4:39



October 12, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

1ST MARYLAND MORTGAGE CORPORATION
1920 GREENSPRING DRIVE STE 160
TIMONIUM, MD 21093

SUBJECT: 1ST MARYLAND MORTGAGE CORPORATION
REF: F12000002510

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

FAX Aud. #: H15000242688
Letter Number: 015A00021523

P.O BOX 6327 - Tallahassee, Florida 32314

H150002426883

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F12000002510

(Document number of corporation (if known))

1. 1st Maryland Mortgage Corporation

(Name of corporation as it appears on the records of the Department of State)

2. Maryland

(Incorporated under laws of)

3. 6/15/2012

(Date authorized to do business in Florida)

FILED
2015 OCT 12 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 8/14/2015

5. 1st Reliant Home Loans, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Craig Chang

(Typed or printed name of person signing)

President

(Title of person signing)

CORPORATE CHARTER APPROVAL SHEET
**** EXPEDITED SERVICE** ** KEEP WITH DOCUMENT ****

DOCUMENT CODE 09A BUSINESS CODE _____

D 11045580



Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____

ID # 011045580 ACK # 1000362008356034
 PAGES: 0002
 1ST RELIANT HOME LOANS, INC.
 08/04/2015 AT 08:30 A MO # 0004513147

New Name 1st Reliant Home Loans,
etc.

FEES REMITTED

Base Fee: 100
 Org. & Cap. Fee: _____
 Expedite Fee: 50
 Penalty: _____
 State Recordation Tax: _____
 State Transfer Tax: _____
 Certified Copies _____
 Copy Fee: _____
 Certificates _____
 Certificate of Status Fee: _____
 Personal Property Filings: _____
 Mail Processing Fee: _____
 Other: _____

TOTAL FEES: 150

Change of Name _____
 Change of Principal Office _____
 Change of Resident Agent
 Change of Resident Agent Address
 Resignation of Resident Agent _____
 Designation of Resident Agent and Resident Agent's Address _____
 Change of Business Code _____

Adoption of Assumed Name _____

Other Change(s) _____

Credit Card _____ Check _____ Cash

Documents on _____ Checks _____

Approved By: [Signature]
 Keyed By: [Signature]
 COMMENT(S): _____

Code 194

Attention: _____

Mail: Name and Address
 CORPASSIST OF BALTIMORE
 2ND FLOOR
 636 PARK AVE
 BALTIMORE MD 21201-4753

Stamp Work Order and Customer Number HERE

CUST ID: 0003290567
 WORK ORDER: 0004513147
 DATE: 08-14-2015 02:18 PM
 AMT. PAID: \$150.00

2

ARTICLES OF AMENDMENT

(1)

(2) 1st Maryland Mortgage Corporation
a Maryland corporation hereby certifies to the State Department of Assessments and Taxation of Maryland that:

(3) The charter of the corporation is hereby amended as follows:
The name of the Corporation shall be changed to 1st Reliant Home Loans, Inc.

The name and address of the registered agent is changed to:

Registered Agent Solutions, Inc.
836 Park Ave.
2nd Floor, Unit B
Baltimore, MD 21201

CUST ID: 0003296567
WORK ORDER: 0004513147
DATE: 08-14-2015 02:18 PM
AMT. PAID: \$150.00

This amendment of the charter of the corporation has been approved by
"The Directors and Shareholders"

(4)

We the undersigned President and Secretary swear under penalties of perjury that the foregoing is a corporate act.

(6) [Signature]
Secretary

(5) [Signature]
President

(8) Return address of filing party:
4 Park Plaza
Suite 500
Irvine, CA 92618

AUG 04 2015

I hereby certify that this document is a true and correct copy of the original document on file in the State Department of Assessments and Taxation.
BY: [Signature] Secretary
This stamp replaces our previous one. (M.D.A.T. Director: 6/55)