

MO 6000000702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

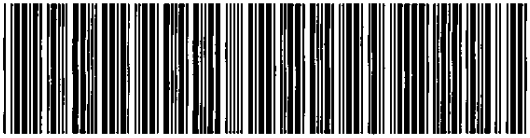
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 MAY -4 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
MAY 06 2009
EXAMINER



Regulatory Counsel Group, Inc.

Mortgage Licensing & Compliance Advisors

www.regulatorycounsel.com

April 29, 2009

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: First Option Mortgage, LLC

To Whom It May Concern:

This provides you with information on behalf of **First Option Mortgage, LLC** to record a change of registered agent. As their Agent, Regulatory Counsel Group, Inc. has enclosed the following:

1. A check in the amount of \$25.00 (filing fee)
2. One (1) original Statement of Change Document (signed)
3. A self-addressed, stamped envelope to send approval back to my attention.

Please send all correspondence to:

Regulatory Counsel Group, Inc.
800 Abbey Court
Alpharetta, GA 30004

Thank you for your cooperation. If you have any questions, please contact me via phone at (770) 992-7779, via email at llesser@rcgteam.com or via fax at (770) 992-0779.

Sincerely,

Lisa A. Lesser
Account Executive

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Option Mortgage, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Lesser
(Name of Person)

Regulatory Counsel Group, Inc.
(Firm/Company)

800 Abbey Court
(Address)

Alpharetta, Georgia 30004
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Lesser at (770) 992-7779
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: First Option Mortgage, LLC

2. The mailing address of the limited liability company is : _____

400 Galleria Pkwy Ste. 1750, Atlanta, Georgia 30339

01/31/2006

M0600000702

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box NOT acceptable)

Weston FL 33331

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



(Signature of a member or authorized representative of a member)

Kurt Nikolai

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

NRAI Services, Inc.



(Signature of Registered Agent)

Scott Scher, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA