CAPITOL CORPORATE SERVICES, INC.

F00000004267

October 18, 2000

400003435774---5 -10/23/00--01120--024 *****35.00 *****35.00

FLORIDA SECRETARY OF STATE P. O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: ARCHER MORTGAGE CO.

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 6131 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Delanie Case

enclosures

RA Chg.

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

	he provisions of sections 607.0502, 617.0502, 607.	
	ed corporation organized under the laws of the State ollowing statement in order to change its registered o	
the State of Flo		gyroo o. rogazioren agarn, er zoun, ar
	of the corporation is: ARCHER MORTGAGE	CO.
	•	
		eldwood LN.
Syli	VANIA OLLIO 43560	
3. Date of inc	corporation/qualification: 07-28-00 Do	cument number: F00000004267
4. The name a	and address of the current registered agent and office:	9,
	NRAI Services, Inc.	ON BOCK 23
	526 E. Park Avenue	
5 The name a	Tallahassee, FL 32301 and address of the new registered agent and office: (P	·
Capitol Corporate Services, Inc.		
	1333 North Duval St.	
	Tallahassee, FL 32303	
The street add agent, as char	dress of its registered office and the street address on nged, will be identical.	f the business office of its registered
Such change authorized by	was authorized by resolution duly adopted by its boy the board.	ard of directors or by an officer so
	United of an officer, chairman or vice chairman of the board)	
(Signatu		(Date)
NORA	RROWN PRESIDENT (Printed or typed name and title)	_
Having been corporation, I further agre performance registered ag	named as registered agent and to accept service of I hereby accept the appointment as registered agen see to comply with the provisions of all statutes related of my duties, and I am familiar with and accept the	process for the above stated it and agree to act in this capacity. ive to the proper and complete obligation of my position as
Olla	mu Case	10-17-00
<u> </u>	(Signature of Registered Agent)	(Date)
	ehalf of an entity:	Anat Can
Delani	(Typed or Printed Name)	- Asst. Sec. (Capacity)
	* * * FILING FEE: \$35.00 *	