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T. ROBERTS

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
<sub>subject:</sub> AmeriFirst Financ	cial Corporation
	(Name of Corporation)
DOCUMENT NUMBER: F010000019	928
The enclosed <b>Resolution of the Board of De</b> fee are submitted for filing.	irectors to Withdraw the Alternate name for use in Florida and
Please return all correspondence concerning	this matter to the following:
Ramey Sylvester	
(Name of Contact Person)	<del></del>
AmeriFirst Financial Cor	poration
(Firm/Company)	
616 West Centre Ave.	
(Address)	<del></del>
Portage, MI 49024	
(City/State and Zip Code)	<del> </del>
For further information concerning this matt	er, please call:
Ramey Sylvester	at (269 ) 324-4120 x 180 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Flo	rida Department of State for the following amount:
\$35.00 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E124 (04/12)





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SECRETARY OF STATE

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Mark A. Jones		_, do hereby certify
(Name)		_, as neces, cam,
that this Resolution of the Board of Directors of		
AmeriFirst Financial Corporation		
(Name of Corporati	on)	· · · · · · · · · · · · · · · · · · ·
a corporation duly organized and existing under the laws of	Michigan	
	(State or Count	ry)
was adopted on March 27, 2013		_ withdrawing the alternate
name of AMERIFIRST DIRECT FUND		·
in Florida as its real name it in Florida.		
Date:  Signature of Chairman, Vice Chairman of the Board, a	Mark A. Jo	ones
director or any officer	Tide of	person signing
/ FILING FE	E \$35	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314