

F020000003918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NFM, Inc. Jurisdiction Change

Name of Corporation

DOCUMENT NUMBER: F02000003918

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Paull

Name of Contact Person

NFM, Inc.

Firm/Company

1190 Winterson Road, Suite 300

Address

Linthicum, MD 21090

City/State and Zip Code

licensing@nfmlending.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Paull

at (443) 451-3479

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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)

F02000003918

(Document number of corporation (if known))

1. NFM, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Maryland 3. 7/31/2002
(Incorporated under laws of) (Date authorized to do business in 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? _____
5. _____
(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.

Delaware

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

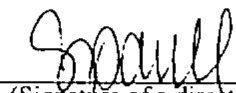
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
EO	M. David Silverman	1190 Winterson Road, Suite 300	<input type="checkbox"/> Add
		Linthicum, MD 21090	<input type="checkbox"/> Remove
Director c	Stephanie Paull	1190 Winterson Road, Suite 300	<input checked="" type="checkbox"/> Add
		Linthicum, MD 21090	<input type="checkbox"/> Remove
Director c	Debra Powers	1190 Winterson Road, Suite 300	<input checked="" type="checkbox"/> Add
		Linthicum, MD 21090	<input type="checkbox"/> Remove
esident	Jan Ozga	1190 Winterson Road, Suite 300	<input type="checkbox"/> Add
		Linthicum, MD 21090	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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)

Stephanie Paull

(Typed or printed name of person signing)

Director of Legal Operations

(Title of person signing)

FILING FEE \$35.00