F02000005144

(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Office Use Only



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09/08/04--01048--013 **105.00

SECRETARY OF STATE

PA Change 9/15/64

PREMIER CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

September 1, 2004

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State 409 E. Gaines Street Tallahassee, FL 32399

RE: AmeriFirst Holding Corp.

AmeriFirst Financial Services, Inc.

AmeriFirst Capital Corp.

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Tony Alexander

TA/smc. Encl.

FILCO

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

	-	7.0502, 607.1508, or 617.1508, Florida Statutes, this sta	tement of
change is submitted for a corporation organized under the laws of the State of Delaware			in order
to change its re	gistered office or registered agent, c	or both, in the State of Florida.	
1. The name of	the corporation: AmeriFirst Fina	ncial Services, Inc.	
2. The principal	l office address: 1712-B Osborne I	Road, St. Mary's, GA 31558	<u> </u>
			·
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 10/10/02	Document number: F02000005144	
	d street address of the current regist artment of State:	ered agent and registered office on file with the	
	Dan W. Armstrong		
	814 A1A North, Suite 300		-
	Ponte Vedra Beach, FL 32082		7 O
6. The name an (if changed):		d agent (if changed) and /or registered office	LCRETAR
	NRAI Services, Inc.		in-<
	526 E. Park Avenue		P. F. C. ST
	(P.O. Box or p	ersonal mailbox NOT acceptable)	SE 54
	Taliahassee, FL 32301		100 p
The street addr	ress of its registered office and the	street address of the business office of its registered ag	ent, as
Such change w	vas authorized by resolution duly a	dopted by its board of directors or by an officer so auth writing of the change.	orized by
Ha &	(Signature of an other or director)	Britany Ellis Ser	retary
I further agree duties, and I a being filed mer been notified i	e to comply with the provisions of a m familiar with and accept the obl rely to reflect a change in the regis n writing of this change.	ent and agree to act in this capacity. Ill statutes relative to the proper and complete perform igation of my position as registered agent. Or, if this a stered office address, I hereby confirm that the corpora	ance of my locument is tion has
NRAI Seprice	a fail	8/31/04 (Date)	·
	(Signature of Registered Agent)	(Date)	
If signing on b	ehalf of an entity:		
Anthony J. A		Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *