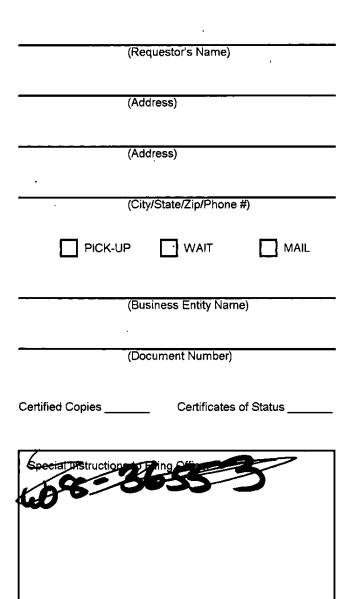
F03000000570



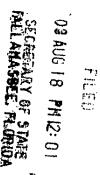




600133196236

08/01/08--01043--003 **30.00

08/21/08--01005--010 **5.00







FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2008

MIKE DIPARNI 2660 NW 48TH STREET BOCA RATON, FL 33434

SUBJECT: PROVIDENT CAPITAL MORTGAGE, INC.

Ref. Number: F03000000570

We have received your document for PROVIDENT CAPITAL MORTGAGE, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

There is a balance due of \$5.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Letter Number: 208A00046131

Karen Gibson Document Specialist Supervisor

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Provident Capital Mortgage, Inc.				
(Name of Corporation)				
DOCUMENT NUMBER: F03000000570				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Michael DiPanni				
(Name of Contact Person)				
Provident Capital Mortgage, Inc.				
(Firm/Company)				
2660 NW 48th Street				
(Address)				
•				
Boca Raton, FL 33432				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Michael DiPanni at (561) 414-5915				
Michael DiPanni at (561) 414-5915 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Street Address: Amendment Section				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
Amendment Section Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				

Tallahassee, FL 32314

\$3500 was previously submitted whincorrect papework. we were asked to submit corrected downerts.

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	inge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida S on organized under the laws of the State of _ or registered agent, or both, in the State of F	Rhode Island
1. The name of	the corporation: Provident Capita	al Mortgage, Inc.	
	office address: 2660 NW 48th S		
3. The mailing a	address (if different):		
4. Date of incorp	o 5/05/0 poration/qualification: 95/2092	Document number: F030000	00570
	I street address of the current regi	istered agent and registered office on file wit	h the
	Michael DiPanni, Jr.		_
	2660 NW 48th Street, Bo	oca Raton, FL 33432	5 .
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered off	FILED AUG 18 PHI CRESARY OF
	2660 NW 48th Street, Bo (P.O. Box NOT		STARG
The street addre	ess of its registered office and the be identical.	ne street address of the business office of it	- s registered agent,
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer so
(Signati	ute of an officer or director)	Mr. Charle A. Par. (Printed or typed name and	nni President
I hereby accept I further agree of my duties, ar document is be corporation has	the appointment as registered a to comply with the provisions of all am familiar with and accep ing filed merely to reflect a char s been notified in writing of this	agent and agree to act in this capacity. I all statutes relative to the proper and con I the obligation of my position as registere nge in the registered office address, I herel change.	aplete performance d agent. Or, if this by confirm that the
1/2	gnature of Registered Agent)	8/8/03	
	chalf of an entity:	(Date)	
	ael N. Panni		

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

(Typed or Printed Name)