

F0300000570

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

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

FILED
03 AUG 18 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RACG
8/27



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

Refain

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.

Karen Gibson
Document Specialist Supervisor

Letter Number: 208A00046131

COVER LETTER

TO: Amendment Section
Division of Corporations

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
(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
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

RECEIVED
2000 AUG 11 AM 8:00
TALLAHASSEE, FL

\$35⁰⁰ was previously submitted
w/ incorrect paperwork. we were
asked to submit corrected
documents.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Rhode Island in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Provident Capital Mortgage, Inc.

2. The principal office address: 2660 NW 48th Street, Boca Raton, FL 33432

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/05/02 Document number: F03000000570

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michael DiPanni, Jr.

2660 NW 48th Street, Boca Raton, FL 33432

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael DiPanni

2660 NW 48th Street, Boca Raton, FL 33432

(P.O. Box NOT acceptable)

FILED
08 AUG 18 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

Michael DiPanni, President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

8/8/08
(Date)

If signing on behalf of an entity:

Michael DiPanni
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)