

F07000005802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

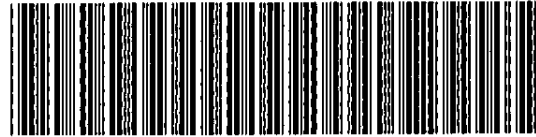
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500212028385

09/23/11--01046--015 \*\*35.00

RA  
Change

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 SEP 23 PM 2:51  
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SUFFICIENCY OF FILING

FILED  
2011 SEP 23 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/23/11

**CORPORATE  
ACCESS,  
INC.**

*"When you need ACCESS to the world"*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

**PICK UP:**

9-23-11

☐ **CERTIFIED COPY**

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☐ **CUS**

☒ **FILING**

RA Change

1. First Main Street Financial, Inc.

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 INDIANA  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FIRST MAIN STREET FINANCIAL, INC.
2. The principal office address: 9953 CROSSPOINT BLVD., INDIANAPOLIS IN 46256
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/26/2007 Document number: F07000005802
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

INCRP SERVICES, INC.

17888 67TH COURT NORTH

LOXAHATCHEE FL 33470 US

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

PARACORP INCORPORATED

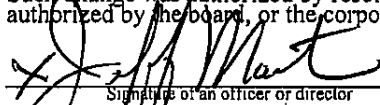
236 EAST 6TH AVENUE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32303

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 of an officer or director

JEFF MARTIN, CEO  
\_\_\_\_\_  
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 of Registered Agent

9/20/2011  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Ninh Ho, Asst Secretary

\_\_\_\_\_  
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)

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