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Changigdba Nane C.COULLIETTE

SEP 18 2009

EXAMINER

## COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	JECT: Nationwide Academy Mortgage Co	rp. Name of Corporation)
DOC	CUMENT NUMBER: F09000000841	
The e		rectors to Change the Alternate name for use in Florida and
Please	se return all correspondence concerning	this matter to the following:
Hilary	y Wood	
	(Name of Contact Person)	
Acade	lemy Mortgage Corporation (Firm/Company)	
4040	` ' ' '	·
1218	E. 7800 S. #100 (Address)	<del></del>
	(City/State and Zip Code)	
For fi	further information concerning this matte	er, please call:
Hilary	y Wood (Name of Contact Person)	at ( 801 ) 233-3760 (Area Code & Daytime Telephone Number)
Enclo	osed is a check made payable to the Flor	rida Department of State for the following amount:
	\$35.00 Filing Fee & S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Amer Divis P.O.	endment Section sion of Corporations	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESOLUTION OF THE BOARD OF DIRECTORS TO CHANGE THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Corporate Secretary/Adm V.P.	, do hereby certify
· (Name)	
that this Resolution of the Board of Directors of Academy	Mortgage Corporation
(Name of Corporat	lion)
a corporation duly organized and existing under the laws of	
	(State or Country)
was adopted on September 16, 2009	, changing the alternate
•	A.C.
name in Florida from Nationwide Academy Mortgage Corp	p
(Current Alterna	te Name)
Academy Mortgage Home Loan Corp.	
(Alternate Name) NOTE: Mus	st contain a corporate suffix
and its real name is unavailable in Florida.	
	3 S
-Date: September 16, 2009	<b>多少</b>
	·
andry Jayley I	Corporate Secretary/Adm V.P.
Signature of Chairman, Vice Chairman of the Board, a	Title of person signing

#### FILING FEE \$35

Make checks payable to Florida Department of State and mail to:

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

director or any officer