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(Re	questor's Name)
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PICK-UP	☐ WAIT	MAIL
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CORPDIRECT AGE 515 EAS# BARK AV TALLAHASSEE, FL 222-1173	ENUE	rmerly CCRS)			
FILING COVER ACCT. #FCA-14	SHEET		K File		
CONTACT:	TRICIA TA	<u>ADLOCK</u>	Se conde		
DATE:	<u>03-23-07</u>		The State of the s		
REF.#:	0631,65868		SEC. 2. 12		
CORP. NAME:	FIRST MOD	RTGAGE LENDERS OF FLORID	DA, LLC		
() ARTICLES OF INCO () ANNUAL REPORT () FOREIGN QUALIFIC () REINSTATEMENT () CERTIFICATE OF C (XX) OTHER: CI	CATION		() ARTICLES OF DISSOLUTION () FICTITIOUS NAME () LIMITED LIABILITY () WITHDRAWAL		
STATE FEES PREPAID WITH CHECK# 520636 FOR \$ 55.00. AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:					
COST LIMIT: \$					
PLEASE RETUR	RN:				
XX) CERTIFIED CO		() CERTIFICATE OF GOOD STAN	DING () PLAIN STAMPED COPY		

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	d liability company is:	First Mortgage Lenders of Flori	da, LLC
2. The mailing address of	the limited liability cor	npany is : 2503 Del Prado Bou	ilevard, Suite 300, Cape
Coral, FL 33904			
3/24/2003		L03000010449	
3. Date of filing/registration in Florida		4. Document numb	per
5. The name of the register Florida Department of S		ered office address as shown or	4
-	Paul O Iverson		ACC THE TOTAL PROPERTY.
	1820 Colonial Blvd	Name	圣花 芳
•		Address	PS 23
	Fort Myers, FL 339	07	23 PM
	City, S	State and Zip	ب
6. The name and address of	f the new registered ag	ent and/or office:	T MAR 23 PM 3: 12 SECRETARY OF STATE ALLAHASSEE, FLORIDA
	National Registere	d Agents, Inc.	DE A
	N 2731 Executive Par	ame k Drive, Suite 4	
<u>-</u>		(P.O. Box NOT acceptable)	
		•	
	Weston	FL 33331	
	• .	ate and Zip	
confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement	ange or changes are mathe registered agent will eby confirmed that the ited liability company of of the limited liability		I the registered office f a Florida limited by an affirmative vote
(Signature of a member of authorize	zed representauve of a member)	
Peter S. Reinhart, Secreta (Printed or typed name of signee)			
Herolden MU	ntment as registered ag s of all statutes relative l accept the obligations that the limited liability Matic	ent and agree to act in this cap to the proper and complete per of my position as registered ag led to merely reflect a change i company has been notified in to pnal Registered Agents,	acity. I further agree to formance of my duties, ent as provided for in n the registered office writing of this change. Inc.
(Signature of Registered Agent) Gerri Mirando, Assist	ans Secretary, bo	. Box 6327, Tallahassee, FL	32314
DIVISION	u oi Corporations, P.C	. Duk uja /, Tahunhassee, P.L.	JAJ 17

FILING FEE: \$25.00

INHS18 (8/05)