

L96695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
08 DEC 30 AM 9:27

Rb/chg
⑩ 12/31/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Trust Mortgage & Finance, Inc.
(Name of Corporation)

DOCUMENT NUMBER: L96695

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:

Anthony Scarpo
(Name of Contact Person)

First Trust Mortgage & Finance, Inc.
(Firm/Company)

One N. Dale Mabry Hwy. Ste. 1080
(Address)

Tampa, FL 33609
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Scarpo at (813) 873.4244
(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

ADDRESS CHANGE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2008

ANTHONY SCARPO
FIRST TRUST MORTGAGE AND FINANCIAL, INC.
ONE N. DALE MABRY HWY - STE.1080
TAMPA, FL 33609

SUBJECT: FIRST TRUST MORTGAGE AND FINANCE, INC.
Ref. Number: L96695

We have received your document for FIRST TRUST MORTGAGE AND FINANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 508A00060590

RECEIVED
2008 DEC 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: First Trust Mortgage & Finance, Inc.
2. The principal office address: One N. Dale Mabry Hwy. Ste. 1080
Tampa, FL 33609
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8-27-1990 Document number: L96695

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)

Anthony Scarpo (agent)
One N. Dale Mabry Hwy. Ste. 1080
Tampa, FL 33609
3450 Buschwood PARK Dr
Suite 100
Tampa, FL 33607

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

ANTHONY L. SCARPO
One N. Dale Mabry Hwy. Ste. 1080
(P.O. Box NOT acceptable)
Tampa, FL 33609

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.

Nicole R. Scarpo
(Signature of an officer or director)

Nicole R. Scarpo, 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)

12-10-08
(Date)

If signing on behalf of an entity:

ANTHONY SCARPO
(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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 30 AM 9:27