## M05000002605

(Re	equestor's Name)	
(Ac	ldress)	<u></u>
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PICK-UP	MAIT	MAIL
•	usiness Entity Nan	
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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DEFASTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEES FLORIDA

RECEIVED



ACCOUNT NO. : 07210000032
REFERENCE : 720391 7443861
AUTHORIZATION :
COST LIMIT : \$25.00
ORDER DATE: January 19, 2007
ORDER TIME: 10:04 AM
ORDER NO. : 720391-305
CUSTOMER NO: 7443861
7/1 ** 
CHANGE OF AGENT
NAME: FIRST INDEPENDENT MORTGAGE, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Doreen Wallace
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 limite	d liability company i	s: FIRST IND	EPENDENT MORT	GAGE, LLC		
2. The mailing address of						
3232 Newmark Drive, Attn: A	BA Operations, Miamib	urg, OH 45342				
05/16/2005			M05000002605			
3. Date of filing/registration in Florida		4. Document number				
5. The name of the registe Florida Department of S		gistered office	address as show	n on the records of the		
•	C T	Corporation Sys	tem	_ 英宏 <b>9</b>		
Name Fig = 1						
	1200 S	outh Pine Island	l Road	- HAZ		
Address Plantation, FL 33324						
City, State and Zip						
6. The name and address of	of the new registered	agent and/or	office:	M 8: 26 SSEE. FLORI		
	Corpora	tion Service Co	mpany	D'M		
		Name		<b></b>		
1201 Hays Street						
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL	32301			
	City,	, State and Zij	p			
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority)	nange or changes are the registered agent reby confirmed that the liability compart of the limited liabil	made, the Flowill be identi he change(s) ny or as other lity company.	orida street addres cal. Or, in the cas was/were authoriz wise provided in t	f Florida, it is hereby so of the registered office se of a Florida limited zed by an affirmative vote the articles of organization		
John D. Walter May (Printed or typed name of signee)	2.					
(Signature of Registered Agent)		agent and ag ive to the pro ons of my pos g filed to mer lity company	ree to act in this of the per and complete ition as registered ely reflect a chan has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.		
Elizabeth A. Dawson, Asst. V	ice President					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00