

PO2000038169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

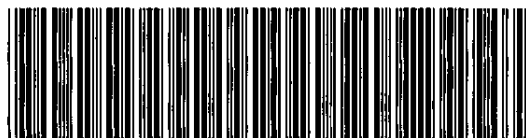
(Business Entity Name)

(Document Number)

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APPROVED
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07 OCT -4 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge
C. Couffette OCT 10 2007

RMC

Reliant Mortgage Company



October 2, 2007

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

To Whom It May Concern;

Please mail new corporation registration to our office address of 1200 South Sanford Avenue, Sanford, FL 32771.

Thank you,

Kathy Convery

**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: RELIANT MORTGAGE COMPANY, INC.
2. The principal office address: 1200 SANFORD AVENUE, SANFORD, FL
32771
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/8/2002 Document number: P02000038169
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
DEBORAH N. ARTZNER
1200 SANFORD AVE
SANFORD, FL 32771

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

DAVID G. ARTZNER JR.
2591 CAMERON AV
(P.O. Box NOT acceptable)
SANFORD, FL 32773

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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.

Deborah N. Artzner
(Signature of an officer or director)

DEBORAH N. ARTZNER
(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)

9/28/07
(Date)

If signing on behalf of an entity:

David G. Artzner Jr.
(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