

P040 000 96948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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*K.A. Chase
T. Lewis*

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05 JAN -4 PM 4:03
CITIZENSHIP

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIRST MERIDIAN MORTGAGE CORPORATION
(Name of corporation)

DOCUMENT NUMBER: P04000096948

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:

George Pantelaras
(Name of person)

First Meridian Mortgage Corporation
(Name of firm/company)

4673 Briar Ridge Road
(Address)

Mount Eden, KY 40046
(City/state and zip code)

For further information concerning this matter, please call:

George Pantelaras at (502) 645-0005
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

+ \$8.75 for Certified Copy TOTAL \$43.75

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Bay State Corporate Services, Inc.
Six Beacon Street, Ste. 425
Boston, MA 02108
(617) 742-8484 Fax: (617) 742-8482

December 15, 2004

Re: 21788

Enclosed you will find (1) Corporate Change of Agent filing(s) for FL, SOS

Subject name(s): FIRST MERIDIAN MORTGAGE CORPORATION

Please file the attached Corporate filing(s) upon receipt. A check in the amount of \$43.75 is enclosed. **PLEASE NOTE THAT WE NEED A CERTIFIED COPY OF THE FILING SENT BACK TO US ALONG WITH THE DATE STAMPED EVIDENCE AND THIS FEE SHOULD COVER THE STATE FEE AND CERTIFIED COPY FEE.**

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Upon completion, please return the evidence to our office by:

REGULAR MAIL, a self-addressed, stamped envelope is enclosed

Thank you in advance for your assistance.

Sincerely,

Colleen Barrett

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 Meridian Mortgage Corporation
2. The principal office address: 7829 N. Dale Mabry Hwy Suite 210
Tampa, FL 33614
3. The mailing address (if different): 4673 Briar Ridge Road
Mount Eden, KY 40046
4. Date of incorporation/qualification: 6/25/2004 Document number: P04000096948
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Leonard, Brad

902 Kevin Court

Panama City, FL 32401

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

NRAI Services, Inc.

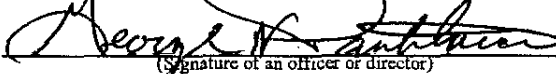
526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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.


(Signature of an officer or director)

GEORGE N. PANTELIAS 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.

NRAI Services, Inc.

by: 

(Signature of Registered Agent)

12/15/04
(Date)

If signing on behalf of an entity:

Suzanne T. Cryan

(Typed or Printed Name)

Asst. Secretary

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314