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Special Instructions to Filing Officer:			
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: /NVCSTORS MORTGAGE LENding /NC Name of Corporation
DOCUMENT NUMBER: P96000072151
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:
William P. WEAKLEY Name of Contact Person
INVESTORS MORTGAGE LENGING INC
4117 Hillsboro Pike Suite 103 PMB 328 Nashville, TN 37215
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (615) 665-3335 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: /NVESTORS MORTGAGE LENDING INC
2. The principal office address: // A Bbby word DR NAShville Tw 37215
3. The mailing address (if different): 4117 Hillsboro Pike Suite 103 PMB 328 Nashville, TN 37215
4. Date of incorporation/qualification: 8/22/96 Document number: P96 0000 73/5/
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)
W.R. WEAKley
550 Bumby Are
OR AND F 32803
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
W.R. WEAKley % STEPhen STAlion SSET 29 P.O. Box NOT acceptable
6077 SWAllowdr TT = TT
Lake and F/ 33809
9
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 of director W. R. WEAKIEY 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 of Registered Agent Pate
If signing on behalf of an entity:
Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name

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

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