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### FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

7/16/20

NAME: CORUM FINANCIAL SERVICES INC

TYPE OF FILING: AMENEMDNT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Q HOUSE

#### **COVER LETTER**

TO: Amendme	ent Section Division of Corporation	ons	
SURJECT: Corum	Financial Services Inc.		
5000001	Name	of Corporation	
DOCUMENT NU	MBER: F19000003213		
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	errespondence concerning this ma	tter to the following:	
Chris Vogel			
	Name of Contact Person		
Statewide Funding	Inc.		
	Firm/Company		
3190 Shelby Stree	t, Building A2		
	Address		
Ontario, CA 9176	4		
	City/State and Zip Code		
cvogel@corumfin	ancial.com		
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ation concerning this matter, pleas	se call:	
Chris Vogel		909 718-4848 at ()	
Name	e of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a chec	k for the following amount:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#### PROFIT CORPORATION

## APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

(Document number of corporation (if known)  Corum Financial Services Inc.  (Name of corporation as it appears on the records of the Department of State)  (Incorporated under laws of)  (Incorporated under laws of)  (Date authorized to do business in Florida)  SECTION II  (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)  If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 05/13/2020  Statewide Funding Inc.  (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbrevi not contained in new name of the corporation)  Statewide Funding Group Inc.  (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.  (If the amendment changes the period of duration, indicate new period of duration.  (New duration)  (New duration)		(Document number of corporation (if known)		
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(Incorporated under laws of)  (Incorporated under laws of)  (Date authorized to do business in Florida)  SECTION II  (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)  If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 05/13/2020  Statewide Funding Inc.  (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbrevi not contained in new name of the corporation)  Statewide Funding Group Inc.  (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.  If the amendment changes the period of duration, indicate new period of duration.  (New duration)  (New duration)  (New jurisdiction)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent	Corum Financial Services Inc.			
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(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)  If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 05/13/2020  Statewide Funding Inc.  (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbrevious contained in new name of the corporation)  Statewide Funding Group Inc.  (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florid  If the amendment changes the period of duration, indicate new period of duration.  (New duration)  (New duration)  (New jurisdiction)	(Incorporated under I	aws of) (Date authorized to do	business in Fl	orida)
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(New duration)  (New duration)  (New jurisdiction)	(Name of corporation after the amendme	nt, adding suffix "corporation," "company," or "incorporated ation)	," or appropriat	te abbreviat
(New duration)  (New duration)  (New jurisdiction)	Statewide Funding Group Inc.			
(New duration)  If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  (New jurisdiction)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent	(If new name is unavailable in Florida, en	tter alternate corporate name adopted for the purpose of trans	acting business	in Florida)
(New jurisdiction)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent	_	(New duration)		2020
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent	. If the amendment changes the jurisd	liction of incorporation, indicate new jurisdiction.		
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent		(New jurisdiction)	<del></del>	-7:
Name of New Registered Agent		, ,		$\dot{\omega}$
Name of New Registered Agent	If amending the registered agent and/o	or registered office address in Florida, enter the name of	the_	
			<del>_</del>	
	Name of New Registered Agent			
(Florida street address)	-	(Florida street address)		
		•		
New Registered Office Address:, Florida	New Registered Office Address:	, Florid	ia (Zip Code)	<del></del>
(inp cont)		12/	( 223.0)	

Signature of New Registered Agent, if changing

Title/ Capacity	Name	Address	Type of Action
	<del></del>		Add
			Remove
			□Add
			QAdd
		-	
<del></del>			Add
			DAdd
Attached is a certiful of the application to under the laws of v	ficate or document of similar important of the Department of State, by the swhich it is incorporated.	oort, evidencing the amendment, authenti Secretary of State or other official having of	cated not more than 90 days prior to delive custody of corporate records in the jurisdict
	(Signature of a	director, president or other officer - if in other court appointed fiduciary, by that fid	the hands of

FILING FEE \$35.00





# Secretary of State

A0842320

	Certificate of Amendment of Articles of Incorporation  Name Change Only - Stock	AMDT- STK-NA	FILED   Secretary of State State of California
			MAY 1 3 2020
IMPORTANT -	- Read instructions before completing	this form.	
Filing Fee - \$3	30.00		
Copy Fees – Fi Certification Fe	irst Page \$1.00 & .50 for each attachment e \$5.00	page;	This Space For Office Use Only
	Name (Enter the exact name of the corporation ne California Secretary of State.)	as it currently is	2. 7-Digit Secretary of State File Number
Corum Fin	ancial Services Inc.		C3585762
3. New Corpo	Incorporation being Articles of Incorporation	ng amended (e.g., '	designation assigned to the provision in the Articles of I," "First," or "A"). See instructions if the provision in the led does not include a number, letter, or other designation. ocument.
	item 3b: Enter the new cor	porate name.	
4. A			·
4. Approvai S	tatements		
	ard of Directors has approved the amendr	nent of the Artic	les of Incorporation.
	older approval was (check one):		
	the required vote of shareholders in a total number of outstanding shares of the		n California Corporations Code section 902. titled to vote is
The		the amendme	int equaled or exceeded the vote required.
No	t required because the corporation has no	outstanding sha	eres.
We declare und	· _	e State of Calif	oments. Note: Both lines must be signed.)  Tomia that the matters set forth herein are true to sign.
05/12/2020			Alejandro Diaz
Date	Signature	Ø.	Type or Print Name of President
05/12/2020	BAS Paly	~?	Betty Paluzzi
Date	Signaturė /	0	Type or Print Name of Secretary

AMDT-STX-NA (REV 05/2019)



I hereby certify that the foregoing transcript of \_\_\_\_\_\_ i \_\_\_\_ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office,

JUL 13 2020

Date:\_\_\_\_\_

M

ALEX PADILLA, Secretary of State