

N51233

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000261884 3)))



H120002618843ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : DIVINE & ESTES, P.A.
Account Number : I20020000158
Phone : (407) 426-9500
Fax Number : (407) 426-8030

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Scott.suits@td.com

FILED
12 NOV -1 PM 2:30

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
THE FLORIDA RMA SCHOOL OF COMMERCIAL LENDING, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$43.75

RECEIVED
12 NOV -1 AM 8:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Amend.

Electronic Filing Menu Corporate Filing Menu Help

11-1-12

Dc

((H12000261884 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Florida RMA School of Commercial Lending, Inc.

DOCUMENT NUMBER: N51233

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Suits

(Name of Contact Person)

(Firm/ Company)

1560 Orange Ave., Suite 300

(Address)

Winter Park, FL 32789

(City/ State and Zip Code)

scott.suits@td.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Suits

(Name of Contact Person)

at (407) 622-3537

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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

((H12000261884 3)))

((H12000261884 3)))

Articles of Amendment
to
Articles of Incorporation
of

The Florida RMA School of Commercial Lending, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N51233

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

D. 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:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

12 NOV - 1 PM 2:30
FILED

((H12000261884 3)))

(((H12000261884 3)))

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>Thomas Savage</u>	<u>259 32 Ave. S</u> <u>Jacksonville Beach</u> <u>Florida 32250</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VD</u>	<u>Scott Suits</u>	<u>2900 Lolissa Lane</u> <u>Winter Park</u> <u>Florida 32789</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TD</u>	<u>Ronald L. Ploude</u>	<u>21780 SW 157 Ave.</u> <u>Miami, Florida 33170</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>Tom Olson</u>	<u>200 NE 3rd Ave.</u> <u>Ft. Lauderdale</u> <u>Florida 33301</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Tesula Stewart</u>	<u>47 Via Nurelia</u> <u>Palm Beach Gardens</u> <u>Florida 33418</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ID</u>	<u>John Fleischeacker</u>	<u>25 W. Flagler St.</u> <u>Miami, Florida</u> <u>33130</u>

7) Add D Terri Thomas 100 Second Ave. South
St. Petersburg, Florida
33701

(((H12000261884 3)))

((H12000261884 3)))

The date of each amendment(s) adoption: May 17, 2012

Effective date if applicable: May 17, 2012
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/3/2012

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Scott Suits

(Typed or printed name of person signing)

Vice President / Director

(Title of person signing)

((H12000261884 3)))