## P07000 24048

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## **COVER LETTER**

TO: Amendment Section Division of Corporations BAYSHORE MORTGAGES SERVICES INC NAME OF CORPORATION: \_ DOCUMENT NUMBER: \_ Po 7000024048 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BAYSHORE MORTGAGES SERVICES INC 1502 W BUSCHBLUD SUITEK TAMPA, FL 33612 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOE MOLINA at (813) 335-5337

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status ☐ \$35 Filing Fee □ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment** to **Articles of Incorporation**

07000024048 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Samendment(s) to its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the folio
A. If amending name, enter the new name of the corporation of the designation of the corporation of the designation of the desi	The new 'corporation," "company," or "incorporated" or the 'Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	Suite K
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 336/2 1502 W BUSCHBLUD Swite K TAMPA, FL 336/2
D. If amending the registered agent and/or registered onew registered agent and/or the new registered offic	e address:
New Registered Office Address:	DE MOLINA  15 BRYSHOPE BLVS #17P  Florida street address)  On ph  (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent:
Signature of	New Registered Agent, if changing

## 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)

<u>Title</u> TR	Name JOE MOLINA	Address 4015 BAYSHOR TAMPA, FL	Type of Action  FBU □ Add  3364 X Remove
CF0	JOE MOLINA		
	ding or adding additional Articles, end dditional sheets, if necessary). (Be spe		
provisi	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)		

The date of each amendment(s	s) adoption: 8/20/2009
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	voting group)
(	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_8/	19/2009
Signature	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted viduciary by that fiduciary)
	JOE moLINA (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	TREASURY
	(Title of person signing)