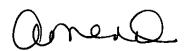
P07000042719

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (6) | 101 107 101 | 40 |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



900210810979



08/15/11--01025--004 **35.00



8/11/11

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: | Clearwater Financial Group, Inc. | | | |
|--|---|--|--|--|--|
| DOCUMENT N | T NUMBER: P07000042719 | | | | |
| The enclosed Artic | cles of Amendment and fee | are submitted for filing. | | | |
| Please return all o | orrespondence concerning th | is matter to the following: | | | |
| | | Isaac Fouladi | | | |
| | 1 | Varne of Contact Person | | | |
| Clearwater Financial Group, Inc. | | | | | |
| | Ference Consuprants. | | | | |
| 5139 Tangerine Ave S. Unit 7 | | | | | |
| Address . | | | | | |
| Gulfport, FL 33707 | | | | | |
| | C | City/ State and Zip Code | | | |
| | | ousinessloanrates.com ed for future annual report notification) | | | |
| For further inform | ation concerning this matter, | | | | |
| 2.7 | Isaac Fouladi | | 191 x 100 | | |
| | e of Contact Person k for the following amount r | Area Code & Daytime Teleq | | | |
| ☑ \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Mailing Address Amendment Section Division of Corporations | | Street Address Amendment Section Division of Corporations | | | |
| P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Building | * | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



| Clearwater | Financial G | roup, Inc | 2011 AU | 3 15 1 | PM 4: 25 | |
|--|---|-------------------------|-------------|----------------|----------------|-------------------|
| (Name of Corporation as cur | reatly filed with | the Florida | Dent. of S | tatel | ne etati | |
| | 7000042719 | | TALLA | ASSE | E.FLORIDI | ! |
| (Document No | umber of Corpora | tion (if know | n) , | | | |
| Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation | | ites, this <i>Flo</i> i | rida Profi | t Corpo | ration ado | pts the following |
| A. If amending name, enter the new name | of the corporation | DB: | | | | |
| | | | | | | _The new |
| name must be distinguishable and contain abbreviation "Corp." "Inc.," or Co.," or the name must contain the word "chartered," "p | he designation "C | orp." "Inc." | or Co. | A pro | ofessional c | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | Clearwal | ter Finan | cial Gr | roup, Inc. | _ |
| (Comerque office damess <u>most DL 21.57230</u> | LI MORE.E | 5139 Tai | ngerine / | <u> 1ve S.</u> | <u>Un</u> it 7 | |
| | | Gulfport, | FL 3370 | 7 | | <u>-</u> |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF | | Clearwald | er Financ | ial Gr | oup, Inc. | - |
| | | 5139 Tan Gulfport. | | | Unit 7 | - |
| D. If amending the registered agent and/or new registered agent and/or the new re- | | e address in | | | e name of t | - <u>he</u> |
| Name of New Registered Agent: | Isaac Foulag | di | | | | |
| New Registered Office Address: | 5139 Tangerine Ave S. Unit 7 (Florida street address) | | | | | |
| | Gulfport | | | , Flo | orida_3370 | 7 |
| | (Ciny |) | (Z | Zip Code | | |
| New Registered Agent's Signature, if chang | | | | ya ya . | | 15.1 |
| I hereby accept the appointment as registered | agent. I am fam | uiliar with and | d accept th | e oblige | ations of the | position. |
| | Signature of New | Revistered | Apeni if ch | vonoina | | |

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> | Name | Address | Type of Action |
|--------------------------------|--|--------------|--|
| <u>P</u> | Isaac Fouladi | | DAdd Remove |
| | | | |
| errore described the described | | | |
| | nding or adding additional Article additional sheets, if necessary). (| | |
| | | | |
| | | | |
| | | | |
| | | | the state of the s |
| | | | |
| provis | mendment provides for an excha ions for implementing the amend not applicable, indicate N/A) | | |
| | | | · · · · · · · · · · · · · · · · · · · |
| | | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: 8 | /10/2011 | |
|---|--------------------|---------------------------|--|
| Effective date <u>if applicable</u> : | | (date of adoption is | required) |
| | (no more than | 90 days after amendmei | nt file date) |
| Adoption of Amendment(s) | Œ | HECK ONE) | |
| The amendment(s) was/we by the shareholders was/w | | | nber of votes cast for the amendment(s) |
| | | _ | voting groups. The following statemen separately on the amendment(s): |
| The number of votes | cast for the amer | ndment(s) was/were suf | ficient for approval |
| pv | | | ~~, |
| | (voting group) | | |
| The amendment(s) was/we action was not required. | re adopted by the | e board of directors with | iout shareholder action and shareholder |
| The amendment(s) was/we action was not required. | rre adopted by the | e incorporators without | shareholder action and shareholder |
| Dated_ 8/10 |)/2011 | | |
| Signature | Lucac | Loulan | Li: |
| | , • | | f directors or officers have not been s of a receiver, trustee, or other court |
| | - | by that fiduciary) | s of a receiver, wastee, or other court |
| | | Isaac Foula | ndi |
| | (Ty | ped or printed name of | person signing) |
| | | Officer | President |
| | (Title c | of person signing) | |