## P12000008982

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

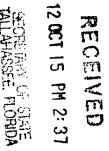
Office Use Only

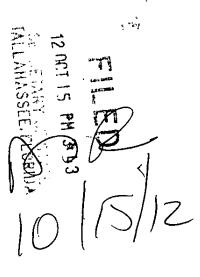


200240301892

aneul

10/15/12--01031--023 \*\*35.00





## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: 1St Choice F. 1-9 MGGI THE  DOCUMENT NUMBER: D120 0000 8982
DOCUMENT NUMBER: 0120 0000 8982
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  1st Choice Financial Inc  Firm/ Company
Name of Contact Person
10" Choice Finnial Ital
rirm/ Company
Address Address
Address The Hange Pl 32306  City/ State and Zip Code
City/ State and Zip Code
Alpha 3 Dom O AlL. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael JUHES at (352) 219-7195  Name of Contact Person Area Code & Daytime Telephone Number
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:
□ \$35 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & 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

Articles of Incorporation

FILED

	of			
1 St Choice FINAN	cisl IM	and the second s	12 OCT 15	PH 3:43
(Name of Cornoration as curre	ently filed with the F	lorida Dept. of Stat	E) CRETARY	OF Street
6 1200000 8982	_		-LAHA3SE	CF CLATE E. FLURIDA
(Document Nun	nber of Corporation (in			
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this	Florida Profit Corp	oration adopts	the following amendment(s) to
A. If amending name, enter the new name of	the corporation:			
NU				The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "	Co". A professiona	"incorporated al corporation	I" or the abbreviation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		Na		
				<u></u>
		,		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		Na	<del> </del>	
D. If amending the registered agent and/or new registered agent and/or the new reg			er the name of	the
Name of New Registered Agent	Na			
	•			
,	, (Florida sti	reet address)		
N D : 100 411	110		manala.	
New Registered Office Address:	(City)	· · · · · · · · · · · · · · · · · · ·	, Florida(	Zip Code)
New Registered Agent's Signature, if change				
I hereby accept the appointment as registered	agent. I am familiar	with and accept the	obligations of t	he position.
	9			
Signatu	re 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)

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:	ve, and sany smin, sv as an Add.	
X Change	PT John Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
Change Add	president Ealvin O Butler	1602 Stocked top#221
Remove		
2)	vice president write Michael JOHNS 2FO	7305 Tillearie Ct Blok TallahassEE Pl 82309
Remove		Apt. D73
3) Change		
Add		-
Remove		
4) Change		
Remove		<del></del>
5) Change		
Add		
Remove		
6) Change	<del></del> .	
Add		
Remove		

	<mark>or adding add</mark> onal sheets, if r	necessary).	(Be specific,	)			
<del></del>				<del></del>			
	<del></del>						
				· · · · · · · · · · · · · · · · · · ·	<del></del>	<del>-</del>	
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u>-</u>	. <u></u>	<u> </u>	
	<u></u>					<del></del>	
	·	·		·			
					······································	<del></del>	
<del> </del>					,	<del></del>	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
			· <del></del>	<del></del>			
		<del></del>					
	nent provides	<u>lor an excha</u> ing the amen	ange, reclass	ilication, or t	<u>cancellation</u> n the amend	<u>01 issued sha</u> ment itself:	res,
lf an amendr	or implementi			COMMITTEE A	TOTAL MILITERIA	THE ITE ITE	
If an amendr provisions f (if not a	<mark>or implementi</mark> pplicable, indi	cate N/A)				•	
If an amendr provisions f (if not a	or implementi pplicable, indic	cate N/A)	· · · · ·			•	
If an amendr provisions f (if not a	or implementi pplicable, indi	cate N/A)				·	
If an amendi provisions f (if not a	or implementi pplicable, indic	cate N/A)					
If an amendr provisions f (if not a	or implementi pplicable, indic	cate N/A)				,	
If an amendi provisions f (if not a	or implementi pplicable, indi	cate N/A)					
If an amendi provisions f (if not a	or implementi pplicable, indi	cate N/A)					
If an amendr provisions f (if not a	or implementi pplicable, indi	cate N/A)					
If an amendi provisions f (if not a	or implementi pplicable, indi	cate N/A)					
If an amendi provisions f (if not a	or implementi pplicable, indi	cate N/A)					
If an amendi provisions f (if not a	or implementi pplicable, indi	cate N/A)					

The date of each amendn	nent(s) adoption: 10-12-
Effective date if applicab	
	(no more than 90 days after amendment file date)
Adoption of Amendment	(s) ( <u>CHECK ONE</u> )
	were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of v	otes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was action was not required.	were adopted by the board of directors without shareholder action and shareholder
The amendment(s) was, action was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated	e Michael Jones
Signatur	· Michael Jones
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Vive president / CFO
	(Title of person signing)