770003

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SECRETARY OF STATE
ALLAHASSEE, FLORIO

Anul C.COULLIETTE

JUL 27 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Florida First C	apital Finance Corporat	ion, Inc.
DOCUMENT NUMI	BER: <u>770003</u>		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matt	ter to the following:	
<u></u>		ara Pekale	
	(Name of	Contact Person)	
	Florida First Capital	Finance Corporation, Inc.	
	(Firm	/ Company)	
	1351 N. (Gadsden Street	
	(/	Address)	
	Tallahas	see, FL 32303	
		te and Zip Code)	 _
		•	
	Saara	@ffcfc.com d for future annual report notified	ation)
For further information	on concerning this matter, pleas	e call:	
Saara Pekale		at (561) 400-683	1
(Name	of Contact Person)		ne Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	t of State:
	☐ \$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)
	ing Address	Street Address Amendment Section	
	ndment Section ion of Corporations	Division of Corporation	ons
P.O. Box 6327		Clifton Building	
Talla	hassee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Florida First Capita			
(Name of Corporation as cur	rently filed with t	he Florida Dept, of St	<u>ate</u>)
	770003		
(Document Nu	mber of Corporati	on (if known)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of A. If amending name, enter the new name	Incorporation:		Profit Corporation adopts
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			corporated" or the
B. Enter new principal office address, if ap	plicable:		TAS C
C. <u>Enter new mailing address, if applicabl</u> (Mailing address <u>MAY BE A POST OFF</u>			PILED 99 JUL 27 PM 3: 08 SECRETARY OF STATE AHASSEE, FLORIDA
D. If amending the registered agent and/or new registered agent and/or the new re-			nter the name of the
Name of New Registered Agent:			_
New Registered Office Address:	(Flor	ida street address)	_
			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as register position.	ging Registered A red agent. I am	gent: familiar with and acco	ept the obligations of the
	Signature of New	Registered Agent, if ch	 nanging

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>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
·			Add Remove
			
(attach ada	of the Articles of Inco	poration shall be amended to add:	
		is certified to participate in programs	
		um for action by the members or the f	
		the U.S. Small Business Administrat	ion pursuant to
applicable I	aw and regulation."		
			
			<u></u>
	·		
		1.	

The date of each amendment	(s) adoption: June 26, 2009
Effective date if applicable:	June 26, 2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) Todd G. Kocourek
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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