

F00000001764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

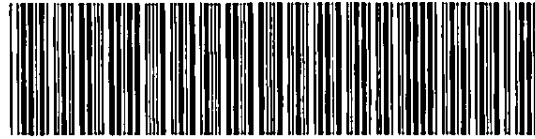
(Document Number)

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2019
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C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shamrock Financial Corporation
Name of Corporation

DOCUMENT NUMBER: F00000001764

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Woodbury

Name of Contact Person

Shamrock Financial Corporation

Firm/Company

75 Newman Ave

Address

Rumford, RI 02916

City/State and Zip Code

scott.woodbury@shamrockfinancial.com

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

For further information concerning this matter, please call:

Scott Woodbury

Name of Contact Person

at (401) 228-9573
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F00000001764

(Document number of corporation (if known))

1. Shamrock Financial Corporation

(Name of corporation as it appears on the records of the Department of State)

2. Rhode Island

(Incorporated under laws of)

3. March 30, 2000

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? August 1, 2019

5. Shamrock Home Loans, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

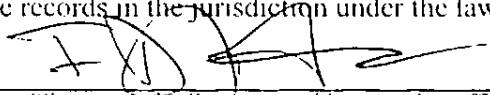
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

F. Dean Harrington

(Typed or printed name of person signing)

Chief Executive Officer

(Title of person signing)



State of Rhode Island and Providence Plantations

Department of State | Office of the Secretary of State

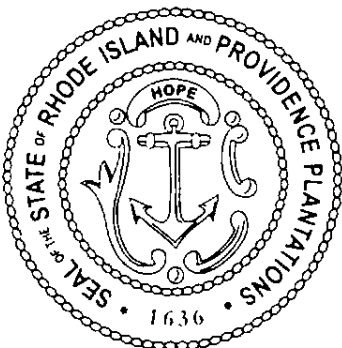
Nellie M. Gorbea, *Secretary of State*

Date: May 22, 2019

Shamrock Home Loans, Inc.
(Articles of Amendment - 3 Pages)

A TRUE COPY WITNESSED UNDER THE SEAL OF THE STATE OF
RHODE ISLAND AND PROVIDENCE PLANTATIONS

Secretary of State



By



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 MAY -3 09 PM 2:09

Articles of Amendment

DOMESTIC Business Corporation

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-905, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

<p>1. Entity ID Number:</p> <p>000056756</p>	<p>2. The name of the corporation is:</p> <p>Shamrock Financial Corporation</p>												
<p>3. The shareholders of the corporation (or, where no shares have been issued by the board of directors of the corporation) in the manner prescribed by RIGL <u>7-1.2</u> May 3, 2019 adopted the following amendment(s) to the Articles of Incorporation on.</p>													
<p>4. If the entity's name is changing, state the new name: Shamrock Home Loans, Inc.</p> <p style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></p>													
<p>5. If the total authorized shares are changing complete the following section: *List ALL authorized shares as of this amendment.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 35%;">Total Authorized Shares (Number of Shares)</th> <th style="text-align: left; width: 35%;">Class of Stock</th> <th style="text-align: left; width: 30%;">Par Value Per Share</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></p>		Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	_____	_____	_____	_____	_____	_____	_____	_____	_____
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
<p>6. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY</p> <p><input type="checkbox"/> Perpetual (on-going)</p> <p><input type="checkbox"/> Date certain for dissolution _____</p> <p style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></p>													
<p>7. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island</p> <p>Check the box to indicate an attachment <input type="checkbox"/></p> <p style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></p>													

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED STAMP

MAY 03 2019

2:09

BY *CA PYEMH*

8 If adding or amending additional provisions, complete the following section.

Check the box to indicate an attachment ☐

Check the box to indicate no change ☒

9. As required by RIGL 7-12-105, the entity has paid all fees and taxes.

10. Date when these Articles of Amendment will be effective: **CHECK ONE BOX ONLY**

☐ Date received (Upon filing)

August 1, 2019

☒ Later effective date (Date must be no more than 90 days from the date of filing)

Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

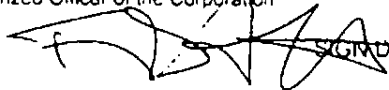
Type or Print Name of Authorized Officer of the Corporation

Date

F. Dean Harrington

May 3, 2019

Signature of Authorized Officer of the Corporation

 SIGN DOCUMENT HERE



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 03, 2019 02:09 PM

Nellie M. Gorbea
Secretary of State

