

F1000005501

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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R. WHITE
FEB 13 2018

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18 FEB 12 PM 4:13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Touch Pointe Secure Plans, Inc.

Name of Corporation

DOCUMENT NUMBER: F10000005501

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Ayers

Name of Contact Person

Protective

Firm/Company

14755 North Outer Forty Dr., Suite 400

Address

St. Louis, MO 63017

City/State and Zip Code

melissa.ayers@protective.com

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

For further information concerning this matter, please call:

Melissa Ayers

Name of Contact Person

at (636) 536-5737

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

(Pursuant to s. 607.1504, F.S.)

SECTION I

(Document number of corporation (if known))

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

(Incorporated under laws of)

(Date authorized to do business in Florida)

SECTION II

its jurisdiction of incorporation? December 31, 2017

(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)

(New duration)

(New jurisdiction)

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)

Secretary

(Title of person signing)

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION CERTIFICATE OF FACT

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody as Secretary of State show that

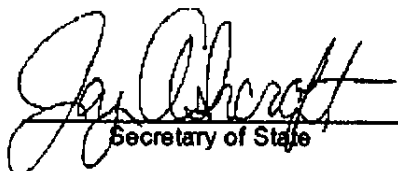
Asset Protection Financial, Inc.
00454205

was incorporated under the Laws of the State of Missouri on the 6th day of April, 1998.

I further certify that on the 20th day of December, 2017, with an effective date of the 31st day of December, 2017, Articles of Amendment was filed, changing its name from LYNDON FINANCIAL CORPORATION to Asset Protection Financial, Inc.

I further certify that Asset Protection Financial, Inc. has the status of Good Standing with this office as of the date of this certificate.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 31st day of January, 2018.


Secretary of State

Certification Number: CERT-01312018-0059

