F120000000978

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE.



COVER LETTER

TO: Amendment Section Division of Corporations INC NAME OF CORPORATION: EQUITYPOINT FINANCIAL DOCUMENT NUMBER: F12000000978 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Duane Miller** Name of Contact Person Firm/ Company 260 d. n. village dr.. Address Shipshewana, IN 46565 City/ State and Zip Code equitypointfinancial@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

Equitypoint Financial INC	
(Name of Corporation as currently filed with the F	lorida Dept. of State)
F1200000978	-
(Document Number of Corporation (i	fknown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: EQUITYPOINT MANAGEMENT INC	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "oword "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1300 s. Brink ave.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Sarasota,FL 34239
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	260 D. N. Village Dr.
· · · · · · · · · · · · · · · · · · ·	Shipshewana,IN 46565
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	<u> </u>
(Florida str	ant addings)
New Registered Office Address: New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the postition
$\mathcal{N}(A)$	C ARE
Signature of New Registered A	Igent, if changing
•	EN P P

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Addx Remove	PC	Devon Weaver	260D. N. Village Dr. Shipshewana,IN 46565
2) Change Add Remove	VPD	Harley Lambright	260 D. N. Village Dr. Shipshewana,IN 46565
3) Change Add Remove		<u> </u>	
4) Change Add Remove			
5) Change Add Remove		_	
6) Change Add Remove		_	

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an amenor	dment provides for an exch for implementing the ame	ange, reclassifica	tion, or cancella	tion of issued sha endment itself:	res,
(if not	applicable, indicate N/A)		,		
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The date of each amendment(s)	adoption: 5/9/2012
Effective date if applicable: 5	/9/2012
indente date in appreciable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 5/10/2	2012
Signature Du (By a selec	ane Miller director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Duane Miller
	(Typed or printed name of person signing)
	Director
	(Title of person signing)