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To:	Division of Corporations	
	•	
	Fax Number : (850)617-6380	
		::
From:		`
	Account Name : REGISTERED AGENTS INC.	
	Account Number : I20090000081	_
	Phone : (307)200-2803	~
	Fax Number : (855)330-1010	
		Ĺ
**Enter the	email address for this business entity to be used for	future
	report mailings. Enter only one email address please	**
	report mailings. Enter only one email address please Address:	**

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COR AMND/RESTATE/CORRECT OR O/D RESIGN VIVID MORTGAGES INC.

Certificate of Status	0
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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)

F23000000756

	(Document numbe	er of corporation (if known)	
VIVID MORTGAGES IN	C.		
		on the records of the Department of	(State)
		, 02/07/23	
(Incorporated unc	der laws of)	(Date authorized to	do business in Florida)
	SI	ECTION II	*-3
(THE APPLICABLE CHANGES)	
If the amendment changes the name of	of the corporation, when wa	as the change effected under the law:	s of its jurisdiction of
incorporation?	•	•	,
			 i
(Name of corporation after the ument	fment, adding suffix "corp	oration," "company," or "incorporate	zd." or appropriate abbřeviatíc
not contained in new name of the cor-	poration)		
			0,
If new name is unavailable in Florida	, enter alternate corporate	name adopted for the purpose of trai	isacting business in Florida)
If the amendment changes the pe	eriod of duration, indicate (new period of duration.	
_			
	(No	ew duration)	
If the amendment changes the jur	risdiction of incorporation	. indicate new jurisdiction.	
<i>C</i> ,	,	j	
	(New	r jurisdiction)	
	(i jurisuiction)	
De a constituir de la c	addon mad samad necessaria	done to the old consequence of	NAE
If amending the registered agent ar new registered agent and/or the new			ine
Name of New Registered Agent			
	(Florida)	treet addrass)	
New Registered Office Address:		ity) Flor	ida
	(C	ity)	(Zip Code)
New Registered Agent's Signature,	. if changing Registered .	Agent:	
I hereby accept the appointment as re			of the position.
01 (11 0	Negistered Agent, if changi		

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Title/ Capacity Name Address Type of Action 21135 Jamaica Ave Sekezi, Tikva Hope PTSD Queens Vlg NY 11428-1621 ■Remove 7901 4TH ST N STE 300 D TIKVA HOPE, SEKZI □Add ST. PETERSBURG, FL 33702 **⊠**kemove \square_{Add} \square Add □Add Remove 10. 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, presidentor other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

FILING FEE \$35.00

PRESIDENT

(Title of person signing)

Tikva Hope Sekezi

(Typed or printed name of person signing)