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(Requestor's	s Name)
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PICK-UP	VAIT MAIL
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Certified Copies Co	ertificates of Status
Special Instructions to Filing Of	ficer:
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Homeowner Educat	ion and	d Loan Prep 1	nc.	
DOCUMENT NUMBER:	N17000001508				
The enclosed Articles of Amendment an	d fee are submitted for filing.				
Please return all correspondence concern	ing this matter to the followin	g:			
	Bonita Telford				
	(Name of Conta	ct Pers	son)		
	Homeowner Education	and Lo	an Preparatio	on Inc.	
· · · · · · · · · · · · · · · · · · ·	(Firm/ Com	pany)			
	12161 Ken Adams Way,	Suite	110 - G2		
The state of the s	(Addres	s)	**************************************		<u> </u>
	Wellington, Flori	da 334	14		
	(City/ State and	Zip Co	ode)		
	bonitatl@yahoo.co	m			
E-mail addres	ss: (to be used for future annua	l repo	rt notification)	
For further information concerning this n	natter, please call:				
Bonita Telford		at	561	740 - 9880	
(Name of Co	ontact Person)		Area Code)	(Daytime Telephone Num	ber)
Enclosed is a check for the following am	ount made payable to the Flor	ida De	partment of	State:	
	Filing Fee & \$\Bigsquare\$ \$\frac{1}{2}\$43.75 Filing the of Status Certified Cope (Additional control of the con	y	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address		Stree	et Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 17 NOV-9 AMII: 30

Homeowner Edu	ication and Loan Prep Inc.		SHE FLORIDA
(Name of Corporation as co	urrently filed with the Flo	rida Dept. of State)	
N170	00001508		
(Document !	Number of Corporation (if k	known)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adop	ots the following
A. If amending name, enter the new name of the corr	ooration:		
Homeowner Education and Loan Preparation Inc.	•		The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR		d" or the abbreviation "Co	orp." or "Inc."
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		, enter the name of the	
Name of New Registered Agent:	Registered Agents Inc.		
	3030 N Rocky Po	oint Drive., Ste 150A	
New Registered Office Address:	(F	lorida street address)	·
	TAMPA	, Florida	33607
	(City)	(Zip Cod	le)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment as registered agent.	tered Agent: am familiar with and accep	t the obligations of the pos Bill Havre- Preside	
		Registered Agents	

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 X_Remove A_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Lorraine Carter	2112 Chapman Road
Add			Hyattsville, Maryland 20783
X Remove			
2) Change	D	Nadeira Davis	4800 Fresno Street
X Add			Coco, Florida 32927
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)
A	
,	

	e date of each amendment(s) ad e this document was signed.	option:	, if other than the
	C		
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
		(no more man 20 days after unrenament file date)	
	e: If the date inserted in this blo ument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adwas/were sufficient for approva	opted by the members and the number of votes cast for the amendment.	ent(s)
	There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/webrs.	ere
	Dated		
	Signature	hill	
	(By the chair have not bee	man or vice sairman of the board, president or other officer-if direct or selected, by an incorporator — if in the hands of a receiver, trustee,	tors or
	other court a	appointed fiduciary by that fiduciary)	
		Leslie Telford	
		(Typed or printed name of person signing)	
		DIRECTOR	
		(Title of person signing)	