N1900000 9287

(F	Requestor's Name)	
(A	Address)	
(<i>F</i>	address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(E	Oocument Number)	
Certified Copies	Certificates of Status	
Special Instructions t	o Filing Officer:	

Office Use Only



200349505332

08/10/20--010_5--017 ** 30.00

.0 :0: n/

Ancind

SEP 2 5 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

FOCUS HOME LOANS, INC

NAME OF CORPORATION:	
N19000009287	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this Jennifer A Casey	matter to the following:
	(Name of Contact Person)
FOCUS Home Loans, Inc	
	(Firm/ Company)
3201 SW 34th Ave, Ste 103	
	(Address)
Ocala, FL 34474	
	(City/ State and Zip Code)
aleida@focushomeloans.net	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	lease call:
Jennifer A Casey	352 237-6266
(Name of Contact Pe	erson) at
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	

Mailing Address

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FOCUS Home Loans, Inc

(Name of Corporation as currently filed with the F N19000009287	lorida Dept. of State)	()
	nt Number of Corporation (if know	
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	•	
A. If amending name, enter the new name of the c	orporation:	
		The nev
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorporated" (or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable		102
(Principal office address <u>MUST BE A STREET AD</u>	DKE33) 3201 SW 34th Ave, Ste	10.5
	Ocala, FL 34474	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	3201 SW 34th Avc, Sto	: 103
,	Ocala, FL 34474	
D. If amending the registered agent and/or registe		ter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:	3201 SW 34th Ave, Ste 103	
_		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(l·loriu	la street address)
	Ocala	34474 , Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.		e obligations of the position.
	Signature of New Registere	A Avant if abanaina

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 X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	ones .	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add		_		
Remove				
2) Change Add		-		
Remove 3)		_		
4) Change Add		-		
Remove				
5) Change Add		_		
Remove				
6) Change Add		_		
Remove				·
E. If amending or addin (attach additional shee			icles, enter change(s) here: (Be specific)	
Article 3: Said organization is	organized o	exclusively	for charitable, religious, educational, and scientific purps	ses,
including, for such purposes,	he making	of dis tribut	ions to organizations that qualify as exempt organizations	described
under Section 501 (c) (3) of th	e internal re	venue code	e, or corresponding section of any future federal tax code.	
	<u></u>			
Upon the dissolution of the org	ganization, a	issets shall	be distributed for one or more exempt	

purposes within the meaning of Section 501 (c) (3) of the internal revenue code, or corresponding	
section of any future federal tax code, or shall be distributed to the federal government, or to a	
state or local government, for a public purpose. Any such assets not disposed of shall be disposed	—
of by a court of competent jurisdiction of the county in which the principal office of the	
organization is then located, exclusively for such purposes or to such organization or	
organizations, as said Court shall determine, which are organized and operated exclusively for	
such purposes.	
	
	
	
	
August 4, 2020 The date of each amendment(s) adoption:	her than the
date this document was signed.	ner man me
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	ed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	

 There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated $\frac{8/3/2020}{}$
Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been-selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Jennifer A Casey
(Typed or printed name of person signing)
President

(Title of person signing)