N44696

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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JUL ^{13 2015} CLEWIE

COVER LETTER

TO: Amendment Section Division of Corporations	_ •
NAME OF CORPORATION: CRED IT GE	IARD of AMERICA IDE.
DOCUMENT NUMBER:	44696
The enclosed Articles of Amendment and fee are submit	tted for filing.
Please return all correspondence concerning this matter	to the following:
	Name of Contact Person)
	Name of Contact Person)
CLEDITGUARD	OF AMERICA Inc. (Firm/Company)
791 Park of Comme	(Address) (Address)
BOCA RATION, FZ 3	3487 City/ State and Zip Code)
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please ca	sil:
(Name of Contact Person)	at 800-400-5844 EXT 116
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida Department of State:
\$35 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \tex	Standard Standard
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building
1 alialiassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of



	OI .			ом I:
CREDITGUARD	of Ame	ERICA :	of State)	rri i.
(Name of Corporation a	is currently filed with the	he Florida Dept.	of State)	
X14U 6	291			
(Docume	ent Number of Corporation	on (if known)		
ursuant to the provisions of section 617.1006, Floriomendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida</i>	Not For Profit Co	orporation adopts the foll	owing
. If amending name, enter the new name of the	corporation:			
				e new
ame must be distinguishable and contain the word " Company" or "Co." may not be used in the name	corporation or incorp	porated" or the a	bbreviation "Corp." or "	Inc."
B. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AD</u>				
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.	<u>OX</u>)			
. If amending the registered agent and/or regist new registered agent and/or the new registered		lorida, enter the	name of the	
Name of New Registered Agent:				
-	791 Park	Florida street	uce Blvd. Surh	د 50
<u>New Registered Office Address</u> :	Boca RA	T0~1	Florida 33481	1
_	(City)		, Florida <u>3348´</u> (Zip Code)	<u> </u>
ew Registered Agent's Signature, if changing Rehereby accept the appointment as registered agent.		accept the obliga	itions of the position.	
	Constant		. :	
	Signature of New	v Registered Agen	u, ij changing	

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	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add Remove	<u>CEO</u>	Shon T Lees	Jai Park of Commerce Blud Suite 500 BOCA RATON, FL 33487
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add			
Remove			

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

The date of each amendment(s) adoption	n: <u>July</u>	12,	2015	<u> </u>	if other than th
date this document was signed.	1			SECRETARY DIVISION OF CO	OF STALE
Effective date <u>if applicable</u> :					
	(no more than 90 day:	s after am	endment file date)	15 JUL -6	PH 1: !!
<u>Note:</u> If the date inserted in this block dodocument's effective date on the Department		ble statuto	ry filing requireme	nts, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
☐ The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the	he number	of votes cast for th	e amendment(s)	
There are no members or members en adopted by the board of directors.	ntitled to vote on the an	mendment	(s). The amendmen	nt(s) was/were	
Dated7	15				
Signature	1. Coto				
have not been sele	or vice chairman of the ected, by an incorporate ted fiduciary by that fi	or – if in t			
	Rover L.	Cos	ta		
	(Typed or pri	nted name	of person signing)		
	PRESIDENT	r			
	T)	itle of per	son signing)	_	