POUXXX) 86814

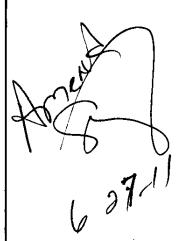
(Re	equestor's Name)	.,
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2011

JESSICA SIMPKISS ACCESS E MORTGAGE 93 KING STREET ST. AUGUSTINE, FL 32084

SUBJECT: ACCESS E-MORTGAGE, INC.

Ref. Number: P00000086814

We have received your document for ACCESS E-MORTGAGE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Letter Number: 111A00014717

Sylvia Gilbert Regulatory Specialist II

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

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Letter Number: 111A00014717

RECEIVED

11 JUN 24: AH 8: 57

SECRETARY OF STATE
ALL AHASSEE, FLORIO

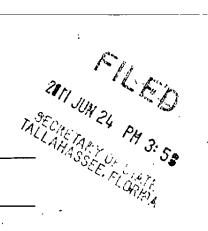
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	Access e Mortgage		
DOCUMENT N	UMBER:	P00000086814		
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
		Jessica Simpkiss		
		Name of Contact Person		
	A	ccess e Mortgage	, 	
		Firm/ Company,		
		93 King Street	<u>. </u>	
	· ·	Address		
	Saint	Augustine, FL. 32084		
		ity/ State and Zip Code		
	jessica@ad E-mail address: (to be use	ccessemortgage.com d for future annual report notification)	<u> </u>	
For further inform	ation concerning this matter,	please call:		
	essica Simpkiss	at (47-2074	
Name	e of Contact Person	Area Code & Daytime Tel	ephone Number	
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment of State:	
	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing A Amendmer	nt Section	Street Address Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**



Access e Mortgage, In/C.

(Name of Corporation as currently filed with the Florida Dept. of State)

P00000086814

(Document Number of Corporation (if known)

lowing

A. If amending name, enter the new name of	the corporatio	<u>n:</u>	The ne	147
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	he word "corp designation "C	orp," "Inc," or "Co".	or "incorporated" or the A professional corporation	he
B. Enter new principal office address, if applicable:		24 Cathedral Place	<u></u> ₹\$\\	
(Principal office address <u>MUST BE A STREE</u>	ET ADDRESS)	Saint Augustine, F	L. 32084	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		24 Cathedral Place	* 503	
		Saint Augustine, FL	. 32084	
D. If amending the registered agent and/or r new registered agent and/or the new regis			ter the name of the	
Name of New Registered Agent:	Carmen Dyk		_	
	24 Cathedral	Place #50%	<u> </u>	
New Registered Office Address:	(Flori	da street address)		
	Saint Augusti		_, Florida_32084	
、	(City)	(Zi	p Code)	
New Registered Agent's Signature, if changing	Registered A	gent;		
I hereby accept the appointment as registered by	thinker			
Si	ignature of New	Registered Agent, if cha	inging	

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) <u>Name</u> Address **Type of Action** 4503 Carmen Dykes ☑ Add 24 Cathedral PLace ☐ Remove Saint Augustine, FL. 32084 ☐ Add __ 🔲 Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) n/a F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) n/a

The date of each amendment	i(s) adoption:
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated_6/203	
(By	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	Carmen Dykes
	(Typed or printed name of person signing)
	Carmen Dykes - DWNev_ Pres. decolor (Title of person signing)