## POI 000045273

(Req	uestor's Name)	
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Certified Copies	Certificate	s of Status
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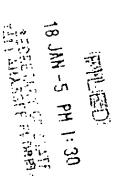


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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Christensen Financ	cial. Inc.	
DOCUMENT NUME	BER:	PO1000045273	3
	of Amendment and fee are su	ebmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Jenni Smith, Licensing Mana	ager	
	·· ·	Name of Contact Person	n
	Christensen Financial, Inc.		
		Firm/ Company	
	860 N SR 434		
•		Address	
	Altamonte Springs, FL 3271	4	
		City/ State and Zip Cod	e
tara@	cfimail.net		,
	E-mail address: (to be us	sed for future annual report	notification)
For further information Jenni Smith	n concerning this matter, pleas		, <del>6</del> 41-0584
Name c	of Contact Person	at (at Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
S35 Filing Fee	☐\$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)
Ame Divi	ing Address ndment Section sion of Corporations Box 6327	Ameno Divisio	Address  Iment Section on of Corporations Building

## Articles of Amendment to Articles of Incorporation of

Christensen Financial, Inc.			
(Name	of Corporation as curre	ently filed with the Florid	ia Dept. of State)
P0100045273			
	(Document Numbe	er of Corporation (if know	n)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, tl	his <i>Florida Profit Corpor</i>	ation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
NA		-	**
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa.  B. Enter new principal office address,	ution "Corp," "Inc." o tion," or the abbreviatio if applicable:	or "Co". A professional	
(Principal office address <u>MUST BE A S</u>	<u>TREET ADDRESS</u> )	NA	要で書
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		NA	PH 1: 30
D. If amending the registered agent ar new registered agent and/or the new Name of New Registered Agent			the name of the
Name of the water teacher teaching of	860 N SR 434	<del>-</del> .	
		i street address)	
New Registered Office Address:	Altamonte Springs		Florida 32714
		tCityr	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as registered.	tered agent I am famili.	ar with and accept the obj	
	Signature of Ne	w Registered Agent, if cha	mging

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	<u>PT</u>	John De	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	<u>mes</u>		
X Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change		<del></del>			
Add					
Remove					
2) Change					
Add					
Remove					<del> </del>
3 ) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add		_		•	
Remove					· ·

<ul> <li>E. If amending or adding additional Arti</li> <li>(Attach additional sheets, if necessary).</li> </ul>	cles, enter chan <u>e</u> - (Be specific)	e(s) here:
NA	tive squeeyie,	
NA	<del>.</del>	
· _		
<u></u>		
	<del></del>	-
F. If an amendment provides for an exch	ange, reclassifica	tion, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	<u>ndment if not cor</u>	ntained in the amendment itself:
·		
NΛ		
<del></del>		
	<del></del>	

The date of each amendment(s) ad date this document was signed.	option:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adopty the shareholders was/were sufficiently.	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast I	or the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder
■ The amendment(s) was/were ado action was not required.	nted by the incorporators without shareholder action and shareholder
01/04/2017 Dated Signature	Mark
(By a di selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	David Christensen
-	(Typed or printed name of person signing)
	President
	(Title of person signing)