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Division of Corporations
NAME OF CORPORATION: ASSOCIATES HOME LOAN OF FLOTI da, INC
DOCUMENT NUMBER: P010000 75336
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRANK A. GRIMES
ASSOCIATES Home LOAN of Florida, INC Firm/ Company
14802 N. DAle MAbry Hary
TAMPA, Florida 33618 City/State and Zip Code Fermal address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRANK GRIMES at (813) 314-2265 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

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

Street Address

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

Articles of Amendment

to
Articles of Incorporation
of

ASSOCIATES HOME LO	an of Flo	orida Pa	JC.
(Name of Corporation as curr	ently filed with the Florid	da Dept. of State)	
10100075221			
(Document Numb	per of Corporation (if known	n)	
	•		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corpora	ation adopts the follo	wing amendment(s) to
no functed of incorporation.			
A. If amending name, enter the new name of the corporation	<u>ı:</u>		
N/A			The new
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional o	incorporated" or th corporation name m	e abbreviation ust contain the
projessional association, or the apprehim	.11.		•
B. Enter new principal office address, if applicable:	<u> M/A</u>		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			_
			 -
	-		
C. Enter new mailing address, if applicable:	11/4		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	70771	`	
			1 2 2
			第二日
	-		市県 豆
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		the name of the	三二 京
41/1	1 633.		
Name of New Registered Agent /U//T	····		
(Florida	a street address)		
New Registered Office Address:		, Florida	
•	(City)	(2	Zip Code)
·			
N Produced Accords 61	•		
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	<u>ent:</u> iar with and accept the obli	igations of the positio	n.
		O 122 e) me pound	
.1/4			
<u>N/A</u>			-
Signature of Ne	w Registered Agent, if char	nging	

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:	D.T.		
X Change .	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>_S</u>	Richard Shawm Lups	<u> </u>
X Add		U	15812 Deep Creek L 7AMPG, Fl. 33624
Remove			1/4 M/pa, F1. 336261
2) Change	D	IAN Thomas Loring	3614 Hudson LANC TAMPA, P. 33618
_ \ _Add			TAMPA, A. 336/8
Remove			
3) Change			
Add			
Remove		•	
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional s	Iding additional Ar sheets, if necessary).	(Be specific)	ige(s) here:			_
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<u>provisions for im</u>	provides for an exc plementing the amo able, indicate N/A)	hange, reclassificendment if not co	eation, or cancella ontained in the an	ation of issued s nendment itself	sha <u>res.</u> <u>:</u>	
						
			-			
*						

The date of each amendment(s) adoption:	, if other than the
date this document was signed,	•
Effective date if applicable: - 23-)7	
(no more than 90 days after an	nendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	oups. The following statement on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by	,,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareh action was not required.	older action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	r action and shareholder
Dated	
Signature MWX Hum	
(By a director, president or other officer - if director	s or officers have not been
selected by an incorporator—if in the hands of a rec appointed fiduciary by that fiduciary)	eiver, trustee, or other court
FRANK. A	GINIMES
(Typed or printed name of person	signing)
- PRESI de NO	4
(Title of person signing	ng)