# PD300006251

| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT              | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | Certificates      | s of Status |
| Special Instructions to | Filing Officer:   |             |
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: YOUR MORTGAGE SOURCE, INC. DOCUMENT NUMBER: P03000008251 |
|---|
| The enclosed Articles of Amendment and fee are submitted for filing.          |
| Please return all correspondence concerning this matter to the following:     |
| GREGORY A. FOX  |
| Name of Contact Person  |
| FOX & FOX, P.A.   |
| Firm/ Company   |
| 2515 COUNTRYSIDE BLVD., SUITE G   |
| Address   |
| CLEARWATER, FLORIDA 33763   |
| City/ State and Zip Code  |
| FOXANDFOXPA@HOTMAIL.COM   |
| E-mail address: (to be used for future annual report notification)            |
|   |

For further information concerning this matter, please call:

| PAULA | \ | AKIO | LAS |
|-------|---|------|-----|
|       |   |      |     |

at (121

796-4556

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

□\$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 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**

**Articles of Incorporation** 

### YOUR MORTGAGE SOURCE, IMC.

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

P03000008251

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

| name must be distinguishable and con<br>"Corp.," "Inc.," or Co.," or the design<br>word "chartered," "professional associa | nation "Corp," "Inc," o                   | r "Co". A professional |                              |
|--|---|------------------------|------------------------------|
| 3. Enter new principal office address, if applicable:<br>Principal office address <u>MUST BE A STREET ADDRESS</u> )        |   | 29399 US F             | lighway 19 N                 |
|  |   | Suite #365             |                              |
|  |   | Clearwat               | er, FL 33761                 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                    |   | 29399 US Highway 19 N  |                              |
|  | (Muning dadiess MAT BE A LOST OFFICE BUA) |                        |                              |
|  |   | Clearwate              | er, FL 33761                 |
| new registered agent and/or the new  | w registered office addi<br>INGE ANNA BO  |                        |                              |
| Name of New Registered Agent   | 29399 US High                             | way 19 N, Suite        | 365                          |
| Name of New Registered Agent   | (Florida                                  | street address)        |                              |
| Name of New Registered Agent  New Registered Office Address:   | Clearwater,                               | street address)        | 365 Florida 33761 (Zip Code) |

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.

| X Change                      | <u>PT</u>    | John Doe              |                           |  |  |  |
|-------------------------------|--------------|-----------------------|---------------------------|--|--|--|
| X Remove                      | <u>V</u>     | Mike Jones            |                           |  |  |  |
| X Add                         | <u>sv</u>    | Sally Smith           |                           |  |  |  |
| Type of Action<br>(Check One) | <u>Title</u> | Name                  | <u>Addres</u> s           |  |  |  |
| 1) Change                     | Р            | MARLENE CRAWFORD      | 2968 Heather Trail        |  |  |  |
| Add                           |              |                       | Clearwater, Florida 33761 |  |  |  |
| Remove                        | •            |                       |                           |  |  |  |
| 2) Change                     | Р            | INGE ANNA BOULOGNE    | 29399 US Highway 19 N     |  |  |  |
| Add                           |              |                       | Suite #365                |  |  |  |
| Remove                        |              |                       | Clearwater, FL 33761      |  |  |  |
| 3) Change                     | V            | MARLENE CRAWFORD      | 2968 Heather Trail        |  |  |  |
| Add                           |              |                       | Clearwater, Florida 33761 |  |  |  |
| Remove                        |              |                       |                           |  |  |  |
| 4) Change                     | s            | LOUIS VIDIAN BOULOGNE | 29399 US Highway 19 N     |  |  |  |
| Add                           |              |                       | Suite #365                |  |  |  |
| Remove                        |              |                       | Clearwater, Florida 33761 |  |  |  |
| 5) Change                     |              |                       |                           |  |  |  |
| Add                           |              |                       |                           |  |  |  |
| Remove                        |              |                       |                           |  |  |  |
| 6) Change                     |              |                       |                           |  |  |  |
| Add                           |              |                       |                           |  |  |  |
| Pamova                        | 1.           |                       | <del></del>               |  |  |  |

| (Attach     | additional she              | ng additional A<br>ets, if necessary         | ). (Be speci | fic)            | ie.             |  |              |
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| If an ar    | nendment pro                | ovides for an exementing the ar              | change, rech | assification, o | or cancellation | <u>ı of issued shar</u><br>Iment itself:     | es,          |
| (ij         | <sup>r</sup> not applicable | e, indicate N/A)                             |              |                 |                 |  |              |
|             |                             |  |              |                 |                 |  |              |
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| The date of each amendment(s) ad date this document was signed. | loption:  | _, if other than the |
|---|---|----------------------|
| Effective date if applicable:                                   |   |                      |
| Enterité date <u>il applicable</u> .                            | (no more than 90 days after amendment file date)  |                      |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |                      |
| The amendment(s) was/were ado by the shareholders was/were sur  | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.  |                      |
|   | roved 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                                       | for the amendment(s) was/were sufficient for approval   |                      |
| by  | (voting group)  |                      |
|   | (voting group)  |                      |
| The amendment(s) was/were ado action was not required.          | pted by the board of directors without shareholder action and shareholder   |                      |
| The amendment(s) was/were ado action was not required.          | pted by the incorporators without shareholder action and shareholder  |                      |
| Dated October   | 27, 2014  |                      |
| Signature   | rector, president of other officer – if directors or officers have not been   | _                    |
| selected  | d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)                              |                      |
|   | Inge Anna Boulogne  |                      |
|   | (Typed or printed name of person signing)   |                      |
| •   | President   |                      |
|   | (Title of person signing)   |                      |