P03000017860

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TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: MORTGAGI	E RESCUE, INC	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NU	MBER: P03000017860		<u> </u>
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
LUC	CILLE SCHROR	·	
	(Name	of Contact Person)	
МС	RTGAGE RESCUE, INC	2	
	(Fi	rm/ Company)	<u>э</u>
<u>P</u> C	BOX 420614		
		(Address)	
SU	MERLAND KEY, FL 33042	<u> </u>	
<u></u>	_ 	tate and Zip Code)	Ç ç es
For further inform	ation concerning this matter,	please call:	
LUCILLE SCHRO	R	at (305) 923-128	35
(Name of Contact Person) (Area Code & Daytime Telephone Number)		Telephone Number)	
Enclosed is a chec	k for the following amount:		
☑ \$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)
P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

Articles of Amendment to Articles of Incorporation of



MORTGAGE RESCUE, INC .

P03000017860

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

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:				
NEW CORPORATE NAME (if changing):				
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")				
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)				
1.) PRINCIPAL ADDRESS:				
439 BLACKBEARD ROAD, LITTLE TORCH KEY, FLORIDA 33042				
2.) REGISTERED AGENT NAME & ADDRESS : LUCILLE SCHROR				
439 BLACKBEARD ROAD, LITTLE TORCH KEY, FLORIDA 33042				
3.) OFFICER/DIRECTOR DETAIL (ADDRESS ONLY)				
439 BLACKBEARD ROAD, LITTLE TORCH KEY, FLORIDA 33042				
(Attach additional pages if necessary)				
If an amendment provides for 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)				

(continued)

The date of each amendment(s) adoption: 8/20/2007	
Effective date if applicable: 8/20/2007	in the second second
(no more than 90 days after amendment file date)	· • • • • • • • • • • • • • • • • • • •
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature_	·
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	enter de la companya
LUCILLE SCHROR	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	, 1 × .

FILING FEE: \$35