P04000100666

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)					
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)					
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)					
PICK-UP WAIT MAIL (Business Entity Name)					
PICK-UP WAIT MAIL (Business Entity Name)					
PICK-UP WAIT MAIL (Business Entity Name)					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Charles Instructions to Eiling Officer					
Special Instructions to Filing Officer:					

Office Use Only



000067125740

nc Tuwio



U3/07/06--01039--018 **43.75

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

	auniear. 4	To be a be at Am	endment		
ì	SUBJECT:	CTICIES OF MIN	chee o here		
]	DOCUMENT NU	eticks of Am MBER: <u>Po40000</u>	100666		
	The enclosed <i>Artic</i>	les of Amendment and fee are	submitted for filing.		
	Please return all co	rrespondence concerning this r	natter to the following:		
	·	P. David Alessa (Name	rder, CPA		
	. 1.412	(Name	of Person)		
Nan De A	le ful		PERANDEL HA		
Dest 1	(Name of Person) (Address)				
& What	5,10,-				
arker		(A	ddress)		
Mark	1, 1870				
Thank		(City/ State	e/ and Zip Code)	 .	
•	For further informa	ation concerning this matter, pl	ease call:		
	P. Dwia	Hessander, CAA	at (8/3) R.9-	1995	
		(Name of Person)	(Area Code & Daytime T	elephone Number)	
	Enclosed is a check	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)	
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations 409 E. Gaines Street	-	
		e, FL 32314	Tallahassee, FL 32399		

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION

EQUITY FUNDING SOLUTIONS, INC.

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

Equity Funding Solutions, Inc. a corporation of the State of Florida, whose registered office is located at 2502 N. Rocky Point Drive, Suite 100, Tampa, Florida 33607 certifies pursuant to the laws of the State of Florida that a meeting of the stockholders of said corporation called for the purpose of amending the articles of incorporation, and held on February 15, 2006, it was resolved, by the unanimous vote of the holders of the shares of capital stock entitled to vote, that ARTICLE I, Name and address of the corporation, of the Articles of Incorporation is amended to read as follows:

ARTICLE I NAME AND ADDRESS

The name and address of this corporation shall be:

Your Key Mortgage, Inc.

with its principal office located at:

2502 N. Rocky Point Drive, Suite 100

Tampa, Florida 33607

Signed on February 78_, 2006

BY

Scott Cugno

President

2-28-04

Date

Witness my hand and official seal in the State of Florida this

day of

A.D. 2006

Notary Public

My, Commission Expires

MY COMMISSION # DD 307910
EXPIRES: April 7, 2008
Bonded Thru Notary Public Underwriturs

VALERIE RENE COOK