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10/8/14

COVER LETTER

TO: Amendment Section

Division of Corporations

	u Consol loc
NAME OF CORPORATION:()()	ett Financial, Inc.
DOCUMENT NUMBER: PO41	000101424
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
į	eisa Corbett
	Name of Contact Person
Colb.	ett Financial, Inc.
3457	Lake Winda Dr Ste 361
	Address
Orlo	undo, FC 32817
	City/ State and Zip Code
E-mail address: (to be u	Sacorbett @ Cfl.17. Com used for future annual report notification)
For further information concerning this matter, plea	ase call:
Leisa Corrett	at (407) 375 - 0864 Area Code & Daytime Telephone Number
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 & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

FILED

Corbett Fina	ncial	Iuc. ?	1014 SEP 30	AM 9: 21
(Name of Corporation as currently file	d with the Florida D		SECRETARY O	荒 のでんかニ
P04 000	101474	J.J.A	LLAHASSEE.	FLORIDA
(Document Number of C	Corporation (if known)	*47.	• , , ,	
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this <i>Florida</i> I	Profit Corporation add	opts the following	amendment(s) ³ to
A. If amending name, enter the new name of the cor	poration: Pill	ar Weal-	th Ma	nagement
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"Inc," or "Co". A			
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	<u></u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered or		lorida, enter the name	e of the	
Name of New Registered Agent				
	(Florida street addre	ss)		
New Registered Office Address:	(C)	, Florida_	(Ti. C. I.)	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and	accept the obligations	of the position.	

Signature of New Registered Agent, if changing

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:	, ana ban	y omm, or as an naa.	
X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ing or adding additiona Iditional sheets, if necess	ary). (Be specific)		
				· · · · · · · · · · · · · · · · · · ·	
					·
				·	
provisio	endment provides for a ns for implementing the ot applicable, indicate N	e amendment if not	ification, or cancell contained in the a	ation of issued share: mendment itself:	<u>3.</u>
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(<i>ij n</i> .					· · · · · · · · · · · · · · · · · · ·
(<i>y</i> n					
(If no					

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	, if other than the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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.	
Dated 9 24 14	
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)	
Leisa C. Corbett	
(Typed or printed name of person signing)	
President	_
(Title of person signing)	