P04000157419

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11/30/12--01007--010 **35.00

12 NOV 30 PM 2: 57

Amend

DEC - 3 2012

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	_{on:} TRINITY I	MORTGAGE	ELENDE	RS
	P040001574			
The enclosed Articles of Am	endment and fee are sul	omitted for filing.		
Please return all corresponde	ence concerning this mat	ter to the following:		
CA	ROLYN J K			
TR	INITY MOR	Name of Contact Per		
70	01 MITCHEL	Firm/ Company		
700	JI MILICHEL	Address		
TR	INITY FL 34			
		City/ State and Zip C	odc	
	IRS@GMAII			
I	E-mail address: (to be us	ed for future annual rep	ort notification)	
For further information conc	erning this matter, pleas	e call:		
CAROLYN J H	KAHRS	at (727	, 937-9	073
Name of Cor	itact Person	Area	Code & Daytime	Felephone Number
Enclosed is a check for the t	ollowing amount made p	payable to the Florida D	epartment of State	:
\$35 Filing Fee	3\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate Certificate Certified ((Additionalis enclose	of Status Copy Il Copy
Division o P.O. Box	nt Section f Corporations	Amo Div Clif 266	eet Address endment Section ision of Corporation fon Building 1 Executive Cente ahassee, FL 3230	r Circle

Articles of Amendment to Articles of Incorporation of



	Articles of Incorporation	n	NOV 30 TORIGIE
	of		Phy a Million
Trinity Mortgage (enders. Inc.		
(Name of Corporation as curren	tly filed with the Florida De	pt. of State)	•
90400015741	9		
	per of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, this <i>Florida P</i>	rofit Corporation adopts	the following amendment(s) t
A. If amending name, enter the new name of t	he corporation:		
			T
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "Co". A p		
B. Enter new principal office address, if appli	cable:		
(Principal office address <u>MUST BE A STREET</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>E BOX</u>)		
D. If amending the registered agent and/or renew registered agent and/or the new regist		rida, enter the name of	the
Name of New Registered Agent			
	,		
	(Florida street address)	
	•		
New Registered Office Address:	(City)	, Florida	Zip Code)
	(51)	· ·	
New Registered Agent's Signature, if changing	g Registered Agent:		
I hereby accept the appointment as registered ag	ent. I am familiar with and a	ccept the obligations of t	he position.
Signature	of New Registered Agent, if c	hanging	

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: X Change	<u>PT</u> <u>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Shannon Taylor	1938 BLUE RIVER RD
, Add			HOLIDAY, FL 34691
X Remove			
2) Change	VP	COLLEEN BEBELL	791 CHERRYBROOKE CT
$\frac{\mathbf{X}}{\mathbf{X}}_{Add}$			TARPON SPRINGS, FL 34688
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			######################################
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)	

· · · · · · · · · · · · · · · · · · ·		
provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
· · · · · ·		

The date of each amendment(s) adoption	on: <u>9/1/12</u>
Effective date if applicable:	9/1/12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	e amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder
Dated 9 5	17
Signature	
selected, by	r, president or other officer - if directors or officers have not been an incorporator - if in the hands of a receiver, trustee, or other court
appointed tie	fuciary by that fiduciary)
	(Typed or printed name of person signing)
	(1) pea on printed name of potoon organing)
	(Title of person signing)