

P 05 0000 37449

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Silvers OCT 20 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOLIDITY ONE INC

DOCUMENT NUMBER: P05000037449

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JODI LEE CAMPARONE

(Name of Contact Person)

PREMIER MTG FUNDING INC

(Firm/ Company)

224 DATURA STREET STE:1313

(Address)

WEST PALM BEACH FL,33401

(City/ State and Zip Code)

For further information concerning this matter, please call:

JODI LEE CAMPARONE

(Name of Contact Person)

at (954) 675-6381

(Area Code & Daytime Telephone Number)

Enclosed is a check 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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**Articles of Amendment
to
Articles of Incorporation
of**

SOLIDITY ONE INC

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

P05000037449

(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 its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

NO CHANGE

(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)**

THE PURPOSE OF THIS AMENDMENT IS TO DELETE THE VICE PRESIDENT OFF THE INC.

HIS NAME IS MICHAEL.A.KIRALY AND HE IS NO LONGER INVOLVED IN THE CORP.

THE PRINCIPAL ADDRESS, THE MAILING ADDRESS AND THE REGISTERED

AGENTS ADDRESS NEEDS TO BE CHANGED TO :224 DATURA STREET

STE # 1313 WEST PALM BEACH , FLORIDA 33401. NOW THERE WILL BE ONLY THE

PRESIDENT ON THE CORP=JODI LEE CAMPARONE.THE PRESIDENTS ADDRESS

WILL REMAIN AT: 3147 TURTLE COVE WEST PALM BEACH

FLORIDA, 33411.PLEASE FEEL FREE TO CALL 9546756381

FOR ANY QUESTIONS, THANK YOU, JODI CAMPARONE

(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)

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TALLAHASSEE, FLORIDA

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The date of each amendment(s) adoption: 10/11/2005

Effective date if applicable: 10/11/2005
(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.

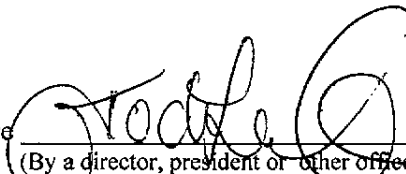
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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)

JODI LEE CAMPARONE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE, FLORIDA

FILING FEE: \$35