Division of Corporations

# \_11/10/23, 1:13 🧥

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003907313)))



H2300G3907313ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

LC:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

### COR AMND/RESTATE/CORRECT OR O/D RESIGN ACCESS REVERSE MORTGAGE CORPORATION

J. HORNE

NOV 1.3 2023

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 2/5

From: Registered Agents Inc. Fax: 8134365206

To: 18506176380

Articles of Amendment
to
Articles of Incorporation
of

of		
ACCESS REVERSE MORTGAGE CORPORATION	Contract of the Contract of th	
(Name of Corporation as currently	y filed with the Florida Dept. of State)	
P05000052581		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amends	nent(s) to
A. If amending name, enter the new name of the corporation:		

name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	7901 4th St N
(Principal office address MUST BE A STREET ADDRESS)	STE 300
	St. Petersburg FL 33702
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7901 4th St N
	STE 300
	St. Petersburg FL 33702

Name of New Registered Agent	Northwest Registered Agent LLC	
	7901 4th St N STE 300	

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

New Registered Office Address: St. Petersburg ICHY

#### New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

#### Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

11/10/2023 10:57:15 PST

Example:

To: 18506176380

Page: 3/5

From: Registered Agents Inc.

Fax: 8134365206

## 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.

X Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DPS	T Barbashin, Ruslan	7901 4th St N STE 300
X Add			St. Petersburg FL 33702
Remove			
2) Change	PST	TENNANT, MALCOLM S	B101 BARDMOOR PL #203
Add			SEMINOLE, FL 33777
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			
********			

11/10/2023 10:57:15 PST To: 18506176380 Page: 4/5 From: Registered Agents Inc Fax: 8134365206

Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<del></del>	

11/10/2023 10:57:15 PST

To: 18506176380

Page: 5/5

From Registered Agents Inc.

Fax: 8134365206

\_\_\_\_\_, if other than the 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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) 🗵 The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 Dated 11/10/2023 (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) Nat Smith (Typed or printed name of person signing) Incorporator (Title of person signing)