P06000077441

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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R. WHITE

Claudia Volk Law Offices
2121 McGregor Boulevard | P.O. Drawer 1350
Fort Myers, Florida 33902

Tel: (239) 334-9100 | NJ: (908) 343-9100
Fax: (239) 332-3927
claudia@claudiavolklaw.com

December 3, 2014

Florida Department of State - Division of Corporations
Amendment Section - Attention: Rebecca
P.O. Box 6327
Tallahassee, Florida 32314
Telephone: (850) 245-6050
Facsimile: (850) 245-6013
VIA REGULAR MAIL AND FACSIMILE

Re: Baypoint Financial Services, Inc.
Document Number: P06000077447

Dear Rebecca,

As pre our conversation today, enclosed please find the following regarding the above referenced entity:

1. Division of Corporations Cover Letter (original)
2. Articles of Amendment (original and 2 copies)

On November 25, 2014, check number 2667 payable to Florida Department of State for $43.75 (original) and (2) self-addressed stamped envelopes (SASE) were sent to the Amendment Section by regular mail. Please withdraw the amendment submitted on November 25, 2014 and in favor of the amendment submitted here. (The change made today is on page 2 of 4.) Kindly use the check and SASE submitted on November 25, 2014. Thank you for your assistance with this work batch.

If the same meets your approval, please forward to Mr. Kevin Robbins the stamped Article of Amendment together with the Certificate of Status, and copies our office in the SASE.

Should you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,

Claudia M. Volk

Enclosures

CC: Mr. Kevin M. Robbins, *via regular mail and email*, at 9328 River Otter Drive, Fort Myers, Florida 33912 and krobbins@baypointfs.com.

Serving Clients in Florida, New York and New Jersey

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Baypoint Financial Services, Inc.

DOCUMENT NUMBER: P06000077447

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

Please return all correspondence concerning this matter to the following:

Mr. Kevin M. Robbins
Name of Contact Person

Baypoint Financial Services, Inc.
Firm/ Company

13650 Fiddlesticks Blvd., Suite 202-322
Address

Fort Myers, Florida 33912
City/ State and Zip Code

krobbins@baypointfs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mr. Kevin M. Robbins at (239) 935-9352
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 & 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

FILED
14 DEC -2 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Baypoint Financial Services, Inc.

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

P06000077447

(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:

A. **If amending name, enter the new name of the corporation:**

_______________ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. **Enter new principal office address, if applicable:**
(Principal office address ***MUST BE A STREET ADDRESS****)*

9328 River Otter Drive
Fort Myers, FL 33912

C. **Enter new mailing address, if applicable:**
(Mailing address ***MAY BE A POST OFFICE BOX****)*

13650 Fiddlesticks Blvd.,
Suite 202-322
Fort Myers, FL 33912

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

Name of New Registered Agent Claudia Volk, Esq.

2121 McGregor Blvd.
(Florida street address)

New Registered Office Address: Fort Myers *(City)*, Florida 33901 *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

____
Signature of New Registered Agent, if changing

Claudia Volk, Esq.

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☑ Change	P	Mr. Kevin M. Robbins	9328 River Otter Drive
☐ Add			Fort Myers, FL 33912
☐ Remove			
2) ☐ Change			
☐ Add			
☐ Remove			
3) ☐ Change			
☐ Add			
☐ Remove			
4) ☐ Change			
☐ Add			
☐ Remove			
5) ☐ Change			
☐ Add			
☐ Remove			
6) ☐ Change			
☐ Add			
☐ Remove			

E. **<u>If amending or adding additional Articles, enter change(s) here</u>:**
(Attach *additional sheets, if necessary*). *(Be specific)*

F. **<u>If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:</u>**
(If not applicable, indicate N/A)

The date of each amendment(s) adoption: ______________________________, if other than the date this document was signed.

Effective date if applicable: ______________________________
(no more than 90 days after amendment file date)

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 nunc pro tunc (effective) 8/26/14

Signature ______________________________
(By a director, president or other officer – if directors or offices have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mr. Kevin M. Robbins
(Typed or printed name of person signing)

President
(Title of person signing)

FILED

14 DEC -2 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Baypoint Financial Services, Inc.

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

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Signature of New Registered Agent, if changing
Claudia Volk, Esq.

COPY

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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)

Mr. Kevin M. Robbins

(Typed or printed name of person signing)

President

(Title of person signing)

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Baypoint Financial Services, Inc.

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Mr. Kevin M. Robbins

(Typed or printed name of person signing)

President

(Title of person signing)

P04000077447

Baypoint Financial Services
1136 NE Pine Island Rd, Ste 76
Cape Coral, FL 33909

2687

August 26, 2014 Ck 2687

PAY TO THE ORDER OF Florida Dept of State $43.75

Forty three and **75/100 DOLLARS

MEMO

AUTHORIZED SIGNATURE

⑈002667⑈ ⑆063102152⑆ 1000014051638⑈

FL Dept of State Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee FL 32314-6327

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Mr. Kevin M. Robbins
Baypoint Financial Services, Inc.
9328 River Otter Drive
Fort Myers FL 33912-8924