

P06000077447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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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@claudiavolk.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) 245-8013
VIA REGULAR MAIL AND FACSIMILE

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

Dear Rebecca,

As per 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 krobbs@baypointfs.com.

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

14 DEC -2 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Florida

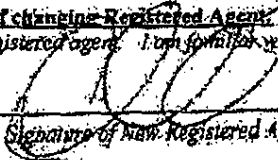
33901

(City)

(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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ 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			

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[illegible]

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 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)

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))

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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)

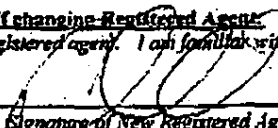
New Registered Office address: Fort Myers, Florida, 33901

(City)

(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.

COPY

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Examples:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) ☒ Change
☐ Add
☐ Remove

P

Mr. Kevin M. Robbins

9328 River Otter Drive
Fort Myers, FL 33912

- 2) ☐ Change
☐ Add
☐ Remove

- 3) ☐ Change
☐ Add
☐ Remove

- 4) ☐ Change
☐ Add
☐ Remove

- 5) ☐ Change
☐ Add
☐ Remove

- 6) ☐ Change
☐ Add
☐ Remove

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[The following section contains several horizontal lines, likely representing redacted information or a placeholder for a signature.]

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Dated nunc pro tunc (effective) 8/26/14

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)

Mr. Kevin M. Robbins

(Typed or printed name of person signing)

President

(Title of person signing)

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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9328 River Otter Drive
Fort Myers, FL 33912

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Claudia Volk, Esq.

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New Registered Office Address:

Fort Myers

(City)

Florida

33901

(Zip Code)

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Claudia Volk, Esq.

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☒ Add SV Sally Smith

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

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Mr. Kevin M. Robbins

(Typed or printed name of person signing)

President

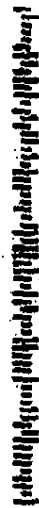
(Title of person signing)

2887	BANK OF AMERICA	P0000077447 Bank of America 1500 N. Pine Island Rd., Ste. 70 Cape Coral, FL 33909	2887
August 26, 2014	Ch 1857	Florida East of State	2887
\$48.75	75/100	Partly (three and 75/100)	2887
P0000077447 Bank of America 1500 N. Pine Island Rd., Ste. 70 Cape Coral, FL 33909 400 266 74 1063 10 21 52 100001403 16 38			2887

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