

PD7000006437

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(Address)

(City/State/Zip/Phone #)

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(Business Entry Name)

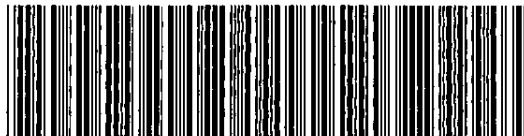
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09 MAY 20 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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5/22/09

COVER LETTER

TO: Amendment Section
• Division of Corporations

NAME OF CORPORATION: Life Preserver Mortgage Inc.

DOCUMENT NUMBER: P07000006437

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

Please return all correspondence concerning this matter to the following:

*Please
exp. d. t. e.
Greatly Appreciated*

Robert Altino

Name of Contact Person

Independent Financial Services Incorporated

Firm/ Company

5811 NW Blue Bonnet Court

Address

Port St. Lucie, Florida 34986

City/ State and Zip Code

Insurancepsl@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Altino

Name of Contact Person

at (772) 215-2137

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2009

ROBERT ALTINO
5811 NW BLUE BONNET COURT
PORT ST LUCIE, FL 34986

SUBJECT: LIFE PRESERVER MORTGAGE INC
Ref. Number: P07000006437

We have received your document for LIFE PRESERVER MORTGAGE INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P02000130765.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 809A00015805

Articles of Amendment
to
Articles of Incorporation
of

Life Preserver Mortgage, Inc.

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

P07000006437

(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:

Independent Financial Services of South Florida

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:

7636 S. Federal Highway

(Principal office address **MUST BE A STREET ADDRESS**)

Port St. Lucie Florida 34952

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

5811 NW Blue Bonnet Court

Port St. Lucie, Florida 34986

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:

New Registered Office Address:

(Florida street address)

Florida

(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

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SECRETARY OF STATE

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: May 01, 09

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 May 10, 2009

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)

Robert Altino

(Typed or printed name of person signing)

President

(Title of person signing)