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SECRETARY OF STATIONS
OIVISION OF CORPORATIONS
ON APR 13 PM 12: 20

COVER LETTER

• TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	Financial Corp	ontin
DOCUMENT NUMBER: + 10 260	394870.	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Jeff Mawhoor (Name of Co	ontact Person)	
Dunkill Financia	Company)	
113 Barcelo		
Jupiter, FL, 33458 (City/State	and Zip Code)	
For further information concerning this matter, ple	ase call:	
Teff Mawhoov (Name of Contact Person)	_ at (<u>56 77 6-3</u> (Area Code & Daytime Tele	70 (phone Number)
Enclosed is a check for the following amount made	e payable to the Florida Departn	nent of State:
\$35 Filing Fee \$\times \text{Certificate of Status}	Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section	
Givision of Corporations P.O. Box 6327	Olvision of Corporations Clifton Building	
1 WHIRIOSOU, 1 15 525 14	2001 Executive Center Circle	

Tattahassee 14, 32301

Articles of Amendment to Articles of Incorporation

SECRETARY OF STATE
OVER 1 OF CORPORATIONS

09 APR 13 PM 12: 20 of (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 Y C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in into ida, 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 Agents

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

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)

<u>Title</u>	Name	Address	Type of Action
17.br	John Ranzey Barron	Jupier, FW 33458	Add Remove
	ding or adding additional Articles, entuditional sheets, if necessary). (Be spe		
<u>provis</u>	mendment provides for an exchange, ions for implementing the amendment not applicable, indicate N/A)	reclassification, or cancellation of if not contained in the amendmen	iss <u>ued shares,</u> <u>d itself</u> ;

4/8/09
The date of each amendment(s) adoption:
• Effective date if applicable: (no more than 90 days after amendment file date)
(no more than yo days after amenament fite 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
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 4/8/9
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)
JEFF Mauhon
(Typed or printed name of person signing)
Priesider
(Title of person signing)