# P07000097288

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N.C. C.COULLIETTE NOV 182008

**EXAMINER** 

#### **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

NAME OF CORPORATION: THE N	lortgage CORP	
DOCUMENT NUMBER: Poto0094	1288	
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ADAM BAYER (Name of Co	ntact Person)	
BAYBURG FINAL	ompany)	
400 SE LA ST (Add	dress)	
FT. LANDERDALe (City/State a	, Fr. 33301 nd Zip Code)	
For further information concerning this matter, plea	se call:	
ADAM BAYER (Name of Contact Person)	at ( <u>954</u> ) <u>164 -</u> (Area Code & Daytime Te	1064 lephone Number)
Enclosed is a check for the following amount made	payable to the Florida Depart	ement of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 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 Circl Tallahassee, FL 32301	652.50  ADDITIONAL  Certified Copy  (2) ADDITIONAL  Certificate of

### **COVER LETTER**

. Division of Corporations
NAME OF CORPORATION: TNT Mortgage CORP
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ADAM BAYER (Name of Contact Person)
BAYBURG FINANCIAL, Inc. (Firm/ Company)
HOD SE LAT ST (Address)
FT. LANDERDale, Ft. 33301 (City/State and Zip Code)
For further information concerning this matter, please call:
ADAM BAYER at (954) 164-1064 (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:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327  Street Address Amendment Section Division of Corporations Division of Corporations Certified Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

### Articles of Amendment

to

Articles	of	Incorp	oration
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of	
TNT Mortgage Coppe	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P07000097288	
	_

Potocoo 97288	ne Fiorida Dept. of Stat	<u>e</u> )
(Document Number of Corporati	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statut following amendment(s) to its Articles of Incorporation:	es, this <i>Florida Profit C</i>	Corporation adopts the
A. If amending name, enter the new name of the corporation	<u>1:</u>	
Bay Burg Financial, The new name must be distinguishable and contain the	Inc.	
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."	" or the designation "C	Corp," "Inc," or
B. Enter new principal office address, if applicable:	<u> </u>	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	·	F S C
•		
		- ST - T
C. Enter new mailing address, if applicable:	0 10	TO T
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N (M	Fig. 5
		C S 6
		<u> </u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		r the name of the
Name of New Registered Agent:		
tume of their Registerea rigem.		-
New Registered Office Address: (Florid	da 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 j position.		the obligations of the
		• 

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>	<u>Name</u>	Address	Type of Action
<del></del>			☐ Add☐ Remove
		-	☐ Add ☐ Remove
			☐ Add☐ Remove
			· · · · · · · · · · · · · · · · · · ·
<u>provis</u>	mendment provides for an exchange, ions for implementing the amendmen not applicable, indicate N/A)		

Th	date of each amendment(s) adoption: 11-12-08
	ctive date if applicable:
•	(no more than 90 days after amendment file date)
Ad	ption of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) y the shareholders was/were sufficient for approval.
	The amendment(s) was/were approved by the shareholders through voting groups. The following statement nust 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)
	(voting group)
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
ਹ	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder ction was not required.
	Dated 11/12/08
	Signature
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)