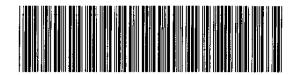
## P07000119119

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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B 12-2-07

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PARADISE MORTGAGE PARTNERS INC (Name of Corporation)
DOCUMENT NUMBER: P07000 119119
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALTAGRACIA RAYMOND (Name of Person)
(Name of Firm/Company)
3015 Proe Island Rd, Suite //
Cape Coval PL 3397( (City/State and Zip Code)
For further information concerning this matter, please call:
ALTAGRACIA BAYMOND at (239) 745 - 1118  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment

A	LATER
to	L. FLOI
Articles of Incorporation	
of	
PARANISE MORTGAGE PARTUPES INC	
(Name of corporation as currently filed with the Fiorida Dept. of State)	
P07000119119	
(Document number of corporation (if known)	<del></del>
(Document number of corporation (it known)	
rsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Clopts the following amendment(s) to its Articles of Incorporation:	Corporation
EW CORPORATE NAME (if changing):	
EN COM ORAL E MANUE (II CHAMENE)	
•••	
must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "I	ne" or "Co.")
Comment of the section of the sectio	,,
MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Article Title(s) being amended, added or deleted: (BE SPECIFIC)	ale Number(s)
CHANGE ADDRESS TO:	
CHANGE PLODICESS IV.	<del></del>
	<del></del>
•	
	······································
3015 PINE TOLAND BD SUITE 111 CAPE CORAL, FL 33991	
	<del></del>
CAPE CORAL. FL 33991	
	•
	<del></del>
	<del></del>
(Attach additional pages if necessary)	
Andreas manufacture hallone to consequent ) )	
If an amendment provides for exchange, reclassification, or cancellation of issued s for implementing the amendment if not contained in the amendment itself: (if not applicable)	
NIA	
,	
(continued)	
(O)///////////	

The date of each amendment(s) adoption: 1/20/2007
Effective date if applicable: ///20/2007  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
Adoption of Amendment(s)
☐ The amendment(s) was/were approved by the shareholders. The number of votes east 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 east 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 as shareholder action was not required.
Signed this day of November , 2007.
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)
Typed or printed name of person signing)
PRESIDENT (Title of person signing)
(Title of person signing)

FILING FEE: \$35