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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Only Mortgage Company, Inc					
DOCUMENT NUMBER: P08000001984					
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	Kimberly A Corre	eia			
		Name of Contact Perso	n		
	The Only Mortga	ge Company, In	C.		
-		Firm/ Company			
	5169 Harvey Gra	nt Rd			
Address					
	Fleming Island, FL 32003-7808				
		City/ State and Zip Cod			
	Fidelity. M	ORTGAGÉ @	COM CAST. NET		
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Kimberly A C	Correia	at (904	545-2781 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & 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)		
	ling Address	•	Address		
Amendment Section Division of Corporations			Amendment Section Division of Corporations		
	P.O. Box 6327 Clifton Building				
Tall	Tallahassee, FL 32314 2661 Executive Center Circle		xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

s of Incorporation of

The Only Mortgage Con	ipany, inc.		[b ↓],	JO 75.11:44
(Name of Corporation as	s currently filed with the Fl	orida Dept. of State)		
P08000001984			in which	7.1
(Docume	nt Number of Corporation (if	known)		مع فريدي دره دره اله اله اله اله ۱۹۰۵ هـ ۱۳۰۵ هـ ا
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this F	Florida Profit Corporation ado	pts the followin	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
Not Applicable				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	co". A professional corporati	ated" or the a	hbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		Not Applicable		-
				-
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		Not Applicable	-	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address	ss in Florida, enter the name	of the	
Name of New Registered Agent	Not Applicable			
	(Florida stree	er address)		
New Registered Office Address:	(0:1)	, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if cl	aanging Registered Agent			
hereby accept the appointment as registe		th and accept the obligations of	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)

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 <math>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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Thomas J Correia	5169 Harvey Grant Rd
- Add			Fleming Island, FL 32003
Remove			
2) Change	Р	Kimberly A Correia	5169 Harvey Grant Rd
Add			Fleming Island, FL 32003
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
<u></u> 1			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
Not Applicable		
	ange, reclassification, or cancellation of issued s adment if not contained in the amendment itself	
Transfer of all issued shares fron	THOMAS J CORREIA to KIMBERLY	A CORREIA
· · · · · · · · · · · · · · · · · · ·		-
		

The date of each amendment(s) adoption: Suffer, 2014 date this document was signed.	, if other than the
Effective date if applicable: June 1, 2014	
(no more than 90 days after umendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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 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 June 4, 2014 Signature Winderl a. Covilia	
(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)	:
Kimberly A Correia	
(Typed or printed name of person signing)	
President	
(Title of person signing)	