

P080000034963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

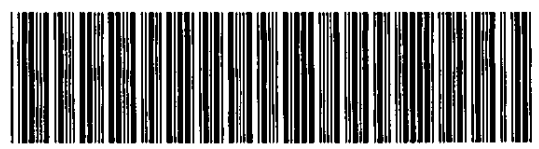
(Business Entity Name)

(Document Number)

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06/10/13--01013--025 **35.00

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REC'D TARY OF STATE
DIVISION OF CORPORATIONS
13 JUL -8 AM 8:15

Amend
@ 7.8.13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WINDERMERE MORTGAGE SOLUTIONS

DOCUMENT NUMBER: PO8000034903

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

Please return all correspondence concerning this matter to the following:

KEITH KALM
Name of Contact Person

WINDERMERE MORTGAGE SOLUTIONS
Firm/ Company

2332 SMILEY AVE
Address

WINTER PARK, FL, 32792
City/ State and Zip Code

KEITH_KALM@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEITH KALM at (321) 695.1882
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:

- \$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)
- STATE HAS MY FEE / CHECK

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

RECEIVED

13 JUN 26 AM 10:51

TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2013

KEITH KALM
WINDERMERE MORTGAGE SOLUTIONS
P.O. BOX 3757
WINTER PARK, FL 32790

SUBJECT: WINDERMERE MORTGAGE SOLUTIONS CORPORATION
Ref. Number: P08000034963

We have received your document for WINDERMERE MORTGAGE SOLUTIONS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 413A00016022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2013

KEITH KALM
WINDERMERE MORTGAGE SOLUTIONS
P.O. BOX 3757
WINTER PARK, FL 32790

SUBJECT: WINDERMERE MORTGAGE SOLUTIONS CORPORATION
Ref. Number: P08000034963

We have received your document for WINDERMERE MORTGAGE SOLUTIONS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 413A00014814

Articles of Amendment
to
Articles of Incorporation
of

VAL UNDERMERE MORTGAGE SOLUTIONS CORPORATION
(Name of Corporation as currently filed with the Florida Dept. of State)

PO8000034963

(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)

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 Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

2332 SMILEY AVE

(Florida street address)

New Registered Office Address: WINTER PARK

(City)

Florida

32792

(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
13 JUL -8 AM 8:45

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 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

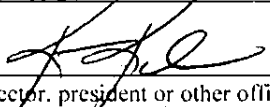
The date of each amendment(s) adoption: 6/24/13

Effective date if applicable: 6/24/13
(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 6/24/13

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)

KEITH KALAN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)