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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: 1st Continent to Montgage of Northslale	
NAME OF CORPORATION: 1st Continent A montgage of Worldcle  DOCUMENT NUMBER: 26-3238059 (FIN) or 300134956083 (conformaling)  The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Dimitnj Shamorting (Name of Contact Person)	
1st Continent al Montgaje of Northbole.  (Firm/Company)	
YY16 LARIFIELD L'M (Address)	
TAMPA / FL 3 2024 (City/ State and Zip Code)	
For further information concerning this matter, please call:	
Dimitry Shamoutin at (813) 954-2837 (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 \$\ Certificate of Status \$\ Certificate of Status \$\ (Additional copy is enclosed)\$\$ (Additional Copy is enclosed)\$\$ (Additional Copy is enclosed)\$\$	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment**

Articles of Inco	rporation
1ST Continental Mortgo (Name of Corporation as currently filed w	( ) (0)
26-3238059 (FIN) on 3001340 (Document Number of Corpo	956089 oration (if known)
Pursuant to the provisions of section 607.1006, Florida S following amendment(s) to its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the
A. If amending name, enter the new name of the corpora	ation:  ARY OF ASSEE.
The new name must be distinguishable and contain "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must con association," or the abbreviation "P.A."	Co.," or the designation "Corp," "Fire" on
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.)	S) TAMPA, FL 33624
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1416 LARKfield LN TAMPA, FL 33624
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent:	
New Registered Office Address: (F	Florida street address)
	, Florida

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

removed and	he Officers and/or Directors, enter the title, name, and address of each Office onal sheets, if necessary)		rector being
<u>Title</u>	<u>Name</u>	Address	Type of Action
UP	HAira Shamootin	4416 LARH field LA TAMPA, FL 33624	
<del></del>			Àdd Remove
			Add Remove
provisions	ndment provides for an exchange, reclassion implementing the amendment if napplicable, indicate N/A)	ot contained in the amendment i	
		·	

Effective date if applicable:	11/26/08		
Effective date if applicable: 11/26/08  (no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.		
	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder		
Dated	126/08		
Signature_(R)	y a director, president or other officer – if directors or officers have not been		
sel	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)		
F F			
	Dimitry Shamootin		
-FF	(Typed or printed name of person signing)		
	CTyped or printed name of person signing)  Resident  (Title of person signing)		