## P09000058764

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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JUL 0 9 2014

C. CARROTHERS

SECRETARY OF STATE PAIL ANASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: Shoreline Financial	l Group	
DOCUMENT NUM	1BER:	222	
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
	Paul Stanley		
		Name of Contact Persor	1
	Shoreline Financial group		
		Firm/ Company	
	5301 10th Avenue North		
		Address	
	Greenacres, Fl 33463		
		City/ State and Zip Code	e
pau	l@shorelinefg.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	on concerning this matter, pleas	se call:	
Paul Stanley		at ( <u>561</u>	7216785
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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)
Ai Di	ailing Address mendment Section vision of Corporations O. Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

( <u></u>	as currently filed with the Florida Dept. of State)
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	oration:
	The new
"Corp.," "Inc.," or Co.," or the designation "Corp,"	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
word "chartered," "professional association," or the ab-	🥦 🥴 👄
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESS )
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2
(muning namess mail ble a rost of rice box)	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered off	fice address:
Name of New Registered Agent	
	(Florida street address)
	•
New Registered Office Address:	(City) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	ared Agent
	m familiar with and accept the obligations of the position.
Signatu	ure 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 P = President; V = Vice President; T = Treasurer; T = Treasur

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.

			Кеточе
			ppy
		<del></del>	ognand (ð
			Remove
			ppy ——
			S) Change
			Веточе
			bbA
			4) Change
			Кеточе
			bbA
			3 ) — Change
			Кетоvе
			PP∀ ———
			2) —— Change
			Уетоле
Greenacres, FL 33463			ppy —X
5301 10th Ave North	William Curtis Graham	Λ	1) Change
sg <del>albbA</del>	<del>И</del> ате	əliiT	<u>Type of Action</u> (Check One)
	Sally Smith	ĀS	ppv X
	<u>Mike Jones</u>	$\overline{\Lambda}$	$\overline{X}$ Remove
	John Doe	<u>Td</u>	Z. Change

Page 2 of 4

	cles, enter change(s) here: (Be specific)		
		· <del>_</del> ·····	
	<u> </u>		
<del>-</del>	·		
			,
		ancellation of issued shares	<u>.</u>
an amendment provides for an excl	ange, reclassification, or ca	meenation of issues shares	
provisions for implementing the ame	ange, reclassification, or candment if not contained in	the amendment itself:	
an amendment provides for an exchange of an exchange of implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or canding and ment if not contained in	the amendment itself:	
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an amendment provides for an exchaprovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or condensed in	the amendment itself:	

	06/30/2015	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	(1001001	
Effective date <u>if applicable</u> :	5/30/2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmer sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	dopted by the board of directors without shareholder action and shareholder	der
The amendment(s) was/were a action was not required.	idopted by the incorporators without shareholder action and shareholder	
DatedSignature	2015	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other control fiduciary by that fiduciary)	
	Paul Stanley	
	(Typed or printed name of person signing)	
	secretary	
	(Title of person signing)	