# P09000060633

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, , , , , , , , , , , , , , , , , , ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200162342602

11/02/09--01035--003 \*\*35.00

FILED

AND -2 A 8: 3

SECRETARY OF STATI

nc Tlewis 11-4-09

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

Jeffrey C. Steinert  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  Certificate of Status  Certified Copy  (Additional copy is enclosed)	NAME OF CORPORATION: _	al Services of Clearwater, Inc.
Deffrey C. Steinert   Name of Contact Person	DOCUMENT NUMBER:	P09000060633
Jeffrey C. Steinert     Name of Contact Person	The enclosed Articles of Amendme	for filing.
Pepple Johnson Cantu & Schmidt, PLLC Firm/ Company  1501 Western Avenue, Suite 600 Address  Seattle, WA 98101 City/ State and Zip Code  jsteinert@pjcs.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jeffrey C. Steinert Name of Contact Person  at ( 206 ) 625-9984 Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\square\$ \$\sq	Please return all correspondence co	e following:
Pepple Johnson Cantu & Schmidt, PLLC Firm/ Company  1501 Western Avenue, Suite 600 Address  Seattle, WA 98101 City/ State and Zip Code  jsteinert @pics.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jeffrey C. Steinert at ( 206 ) 625-9984 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:  \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		einert
Firm/ Company  1501 Western Avenue, Suite 600  Address  Seattle, WA 98101  City/ State and Zip Code  jsteinert@pjcs.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jeffrey C. Steinert at (206) 625-9984  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:  \$\int \frac{1}{2} \frac{3}{2} \frac{3}{2} \frac{5}{2} \frac{5}{2		Person
Seattle, WA 98101   City/ State and Zip Code	F	
Seattle, WA 98101  City/ State and Zip Code  jsteinert@pjcs.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jeffrey C. Steinert at ( 206 ) 625-9984  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 & \$52.50 Filing Fee & Certificate of Status (Additional copy is enclosed)		iny
Seattle, WA 98101  City/ State and Zip Code    Steinert@pics.com		ue, Suite 600
Steinert@pics.com   E-mail address: (to be used for future annual report notification)    For further information concerning this matter, please call:    Jeffrey C. Steinert		
jsteinert@pjcs.com   E-mail address: (to be used for future annual report notification)    For further information concerning this matter, please call:   Jeffrey C. Steinert		98101
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jeffrey C. Steinert at (206) 625-9984  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 & \$52.50 Filing Fee & Certificate of Status  Certificate of Status  (Additional copy is enclosed)		p Code
Jeffrey C. Steinert  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  Certificate of Status  Certified Copy  (Additional copy is enclosed)	E-mail addi	om ual report notification)
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 & \$52.50 Filing Fe  Certificate of Status  Certified Copy  (Additional copy is enclosed)	For further information concerning	
Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{align*} \text{\$\text{\$\text{S}}} \text{\$\text{\$\text{52}}} \text{\$\text{52}} \text{\$\text{52}} \text{\$\text{52}} \text{\$\text{52}} \text{\$\text{52}} \text{\$\text{51}} \text{\$\text{Filing Fee} & Certificate of Status} \text{\$\text{Certified Copy} & Certificate of Status} \text{\$\text{\$\text{Certified Copy} & Certified Copy} \text{\$\text{\$\text{Certified Copy}} \text{\$\text{\$\text{Certified Copy}} \text{\$\text{\$\text{Certified Copy}} \text{\$\text{\$\text{Certified Copy}} \text{\$\text{\$\text{Certified Copy}} \text{\$\text{\$\text{Certified Copy}} \text{\$\text{\$\text{\$\text{\$\text{Certified Copy}} \$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\		
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fe Certificate of Status	Name of Contact Person	ca Code & Daytime Telephone Number
Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy	Enclosed is a check for the following	to the Florida Department of State:
		ed Copy Certificate of Status
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	Amendment Section Division of Corporations P.O. Box 6327	nent Section of Corporations Building ecutive Center Circle

#### PEPPLE JOHNSON CANTU & SCHMIDT PLLC

Lawyers

1501 WESTERN AVENUE, SUITE 600 SEATTLE, WASHINGTON 98101 PHONE: (206) 625-1711 FAX: (206) 625-1627 www.pjcs.com

Jeffrey C. Steinert jsteinert@pjcs.com Direct Line: (206) 625-9984 Florida Office
2430 Estancia Boulevard, Suite 114
Clearwater, FL 33761
Phone: (727) 724-8585 Fax: (727) 726-9272

October 30, 2009

Florida Department of State Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, FL 32314

Re: Southport Financial Services of Clearwater, Inc.

Document Number: P09000060633

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to Articles of Incorporation of Southport Financial Services of Clearwater, Inc. This amendment is to change the name of the corporation to Southport Financial Services Southeast, Inc.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Jeffrey C. Steinert Administrator

### **Articles of Amendment** to Articles of Incorporation of

. . . . . .

Southport Financial Services of Clearwater, Inc.  (Name of Corporation as currently filed with the Florida Dept. of State)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the property of the its Articles of Incorporation:	FILE
Southport Financial Services of Clearwater, Inc.  (Name of Corporation as currently filed with the Florida Dept. of State)	ILE
Southport Financial Services of Clearwater, Inc.  (Name of Corporation as currently filed with the Florida Dept. of State)	
(Name of Corporation as currently filed with the Florida Dept. of State)	
	٠,
P0900060633	~ A
(Document Number of Corporation (if known)	EE, ESTA
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the amendment(s) to its Articles of Incorporation:	the follow
A. If amending name, enter the new name of the corporation:	
Southport Financial Services Southeast, Inc.	ie new
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:	
New Registered Office Address: (Florida street address)	
, Florida	_
(City) (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 pos	sition.
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) Type of Action Title Address **Name** ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendmen	t(s) adoption: July 16, 2009
Effective date <u>if applicable</u> :	(date of adoption is required)
Enecuve date il applicable.	(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) ere 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)
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 July	16, 2009
sele	a director, president or other officer—if directors or officers have not been exted, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	J. David Page
	(Typed or printed name of person signing)
	President and Sole Shareholder
	(Title of person signing)