## P11000093092

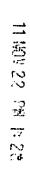
(Requ	iestor's Name)	
(Addr	ess)	·
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

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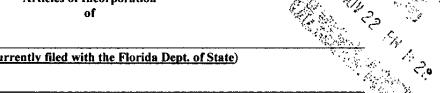


## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Royal Mortgage A	Associates, Inc	
DOCUMENT NUMB	ER: <u>P11000093092</u>		
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
Meliss	a Antenucci		<u> </u>
	N	ame of Contact Person	
Royal	Mortgage Associates, Inc.		
		Firm/ Company	
399 C	amino Gardens Blvd. Suite	304	
		Address	
Boca	Raton, FL 33432		
		ty/ State and Zip Code	
	a@Roya-Mortgage.com E-mail address: (to be use concerning this matter, plea	sed for future annual report	notification)
Melissa Antenucci		at ( 561	) 245-8256
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Royal Mortgage Associates, Inc.	· · · · · · · · · · · · · · · · · · ·	1811,1811,1811
(Name of Corporation as currently filed	d with the Florida Dep	L. of State)
P11000093092		
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida</i>	Profit Corporation adopts the follo
A. If amending name, enter the new name of the corp	poration:	
The new name must be distinguishable and contain the vabbreviation "Corp.," "Inc.," or Co.," or the designate must contain the word "chartered," "professional	tion "Corp," "Inc," or	"Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off  Name of New Registered Agent:		ida, enter the name of the
		<del>- ' </del>
_399 Camino G	ardens Blvd. Suite 304 (Florida street address)	<del></del>
New Registered Office Address: Boca Raton	(City)	, Florida <u>33432</u> (Zip Code)
New Registered Agent's Signature, if changing Regist		
I hereby accept the appointment as registered agent. I a	ım familiar with and acc	ept the obligations of the position.

Signature of New Registered Agent, if changing

## If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

Title(s)	•	Name	4	Address
1) <u>CEO</u>		Melissa Antenucci	$\overline{S}$	99 Camino Gardens Blvd. uite 304 Boça Raton, FL 33432
2)				
3)				
4)		-11		
5)			<u>-</u>	
6)		<del></del>	_ 	
<u>If REMOVING</u>	an office	r and/or director, please list the	title(s) and	name of the officer/director to be removed:
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>
1)			4)	
2)			5)	

6)\_\_\_

3)\_\_\_

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
·	
	<del></del>
····	<del> </del>

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)
-	
	date of each amendment(s) adoption:
The	date of each amendment(s) adoption:
Effe	ctive date <u>if applicable</u> :  (no more than 90 days after amendment file date)
	(,
Ado	ption 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 November 15, 2011
	$\sqrt{2}$
	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)
	Melissa Antenucci (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)

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