912000086599

| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------------------------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | · · · · · · · · · · · · · · · · · · · |
| Certified Copies | | |
| Special Instructions to | Filing Officer: | |
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DIVISION OF CORPORATIONS
12 NOV -5 PM 5: CO

NOV 0 7 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section

| Division of Corpo | orations | | | | |
|--|---|---|--|--|--|
| NAME OF CORPOR | RATION: Rival Fundi | ng Corp. | | | |
| DOCUMENT NUMI | BER: P1200008659 | 9 | | | |
| | of Amendment and fee are sui | | | | |
| | spondence concerning this mat | - | | | |
| | | _ | | | |
| | Robert D. Kearne | <u> </u> | | | |
| Name of Contact Person | | | | | |
| | Rival Funding Corp. Firm/ Company | | | | |
| | 10033 Sawgrass Drive West #210 | | | | |
| | Address | | | | |
| | Ponte Vedra Bea | ch, Florida 3208 | 2 | | |
| | | City/ State and Zip Code | • | | |
| rob | @kres.us | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further information | n concerning this matter, pleas | se call; | | | |
| John M. D'Aquila, CPA at (904) 254-3117 | | | | | |
| Name of Contact Person Area Code & Daytime Telephone Num | | | de & Daytime Telephone Number | | |
| Enclosed is a check for | or the following amount made | payable to the Florida Depa | rtment 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) | | |
| | iling Address endment Section | | Address | | |
| Div | ision of Corporations | Amendment Section Division of Corporations | | | |
| | . Box 6327 | Clifton | Building | | |
| Tallahassee, FL 32314 | | 2661 Executive Center Circle Tallahassee, FL 32301 | | | |

Articles of Amendment to Articles of Incorporation of



| Rival Funding Corp. | | | 0. U D |
|--|--|---|-----------------------------------|
| (Name of Corporation as currently | y filed with the Florida Dep | t. of State) | |
| P12000086599 | | | |
| (Document Number | r of Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation: | rida Statutes, this <i>Florida Pro</i> | ofit Corporation adopts the follow | wing amendment(s) to |
| A. If amending name, enter the new name of the | e corporation: | | |
| | | | The new |
| name must be distinguishable and contain the value "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the designation of the contains the value of the val | 'orp," "Inc," or "Co". A pi | any," or "incorporated" or the cofessional corporation name m | e abbreviation ust contain the |
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A | ible: IDDRESS) | | _ |
| | | | |
| C. Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX</u>) | | |
| | | | |
| | | | |
| D. If amending the registered agent and/or registered agent and/or the new register | | rida, enter the name of the | |
| Name of New Registered Agent | | | |
| | (Florida street address, | . | |
| New Registered Office Address: | | . Florida | |
| | (City) | (Zip Code, |) |
| New Registered Office Address: New Registered Agent's Signature, if changing I hereby accept the appointment as registered age. | Registered Agent: | ,,,, | |
| | | | |
| Signature of | of New Registered Agent, if ch | anging | |

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 | <u>John Doe</u> | |
|-------------------------------|-----------|-----------------|----------------------------------|
| X Remove | ¥ | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change | D | Michael Salomon | 10033 Sawgrass Drive West #210 |
| X Add | | | Ponte Vedra Beach, Florida 32082 |
| Remove | | | |
| 2) Change | D | Robert Kearney | 10033 Sawgrass Drive West #210 |
| Add | | | Ponte Vedra Beach, Florida 32082 |
| X Remove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | | | - | | |
|--|---------------------------|--------------------------------|----------------------------|--------------------------|-------------|
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| | | | | | |
| amendment provides for an exchange, revisions for implementing the amendment (if not applicable, indicate N/A) | eclassifica if not con | tion, or canc tained in the | ellation of is amendmen | ssued share t itself: | <u>S.</u> |
| | . | | | | |
| | | | | | |
| | | | <u> </u> | | |
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| The date of each amendment(s) | adoption: 11/01/12 |
|--|--|
| Effective date if applicable: | 1/01/12 |
| Ellective date <u>il applicable</u> . | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were a by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. |
| | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes ca | ast for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| The amendment(s) was/were action was not required. | adopted by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and shareholder |
| Dated | 11/1/12 |
| Signature | Toll D. Keary |
| | a director, president or other officer - if directors or officers have not been |
| | cted, by an incorporator - if in the hands of a receiver, trustee, or other court |
| app | ointed fiduciary by that fiduciary) |
| | Robert D. Kearney |
| | (Typed or printed name of person signing) |
| | Vice-President |
| • | (Title of person signing) |