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Amend Mendy

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: LOFTY ASS	SET MANAGEM	EN	TINC
DOCUMENT NUMI	BER: P1400000598	6		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	LISA A. MANKOS	SKI		
		Name of Contact Person		
	LOFTY ASSET M	*	NC	
		Firm/ Company		
	9471 BAYMEADO	OWS ROAD SUI	TE	108
		Address		
	JACKSONVILLE,	FL 32256		
		City/ State and Zip Code	:	
LM	ANKOSKI@LOFT	YASSET.COM		
	E-mail address: (to be us	ed for future annual report i	notific	ation)
For further informatio	n concerning this matter, pleas	e call:	:	
LISA A. MAN	IKOSKI	_{at (} 904	, 5	35-6989
Name	of Contact Person		le & I	Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depar	rtmen	of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	C C (4	52.50 Filing Fee ertificate of Status ertified Copy additional Copy s enclosed)
	iling Address	Street A		
*	endment Section	Amendment		
	ision of Corporations	Division of Corporations Clifton Building		
	. Box 6327 lahassee, FL 32314			ve Center Circle
1 41	anasto, I <i>D 52</i> 317			FL 32301

Articles of Amendment to Articles of Incorporation of

l	0	FTY	ASSET	MAN	AGEN	JENT	INC
_	. •			IAIL		/ I W W	$\mathbf{n} \mathbf{v}$

EOI I I ASSET WANAG	LIVILIAI IIAC				
(Name of Corporation as	s currently filed with the Flo	rida Dept. of	State)		1
P14000005986					100
(Document	nt Number of Corporation (if)	(nown)			٠,
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Fl	orida Profit C	orporation a	dopts the following	amendm
A. If amending name, enter the new na	ame of the corporation:				
					The nev
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	o". A profess	or "incorportional corpor	orated" or the abl ation name must co	reviation Intain th
B. Enter new principal office address,	if applicable:	9471 BA	YMEAD	OWS ROAD	
(Principal office address <u>MUST BE A S</u>		SUITE	108	 -	
		JACKS	NVILLE	F, FL 32256	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		9471 BA	YMEADO	OWS ROAD	
		SUITE '	108		
		JACKS	NVILLE	, FL 32256	•
D. If amending the registered agent an	d/or registered office addres	s in Florida, e	enter the nar	ne of the	
new registered agent and/or the new					
Name of New Registered Agent	LISA A. MANKOSKI			_	
	9471 BAYMEADOWS	UITE 108			
	(Florida street	address)	_	-	
New Registered Office Address:	JACKSONVILLE	, Florida	32256		
	(City)		-	(Zip Code)	
New Registered Agent's Signature, if o	hanging Registered Agent:				
hereby accept the appointment as regist	ered deen). jam familiar wit	h and accept t	he obligation	s of the position.	
Sign	gnature of New Registered Ago	ent, if changin	g	-	

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasured Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove, Example:	and/or D if necess rector titl President Chief I r, Directo in the fo ves the c and Sal	Director be sary) le by the f t; T= Tree Financial or would a llowing me or poratio lly Smith,	eing added: Girst letter of the office title: asurer; S= Secretary; D= Director; TR= Officer. If an officer/director holds more be PTD. canner. Currently John Doe is listed as the on, Sally Smith is named the V and S. Thes SV as an Add.	r/director being removed and title, name, and Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office e PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Do		
X Remove	<u>Y</u>	Mike Jo		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP		MARK ROSENBERG	196 VISTA GRANDE DR
Add				PONTE VEDRA BEACH
Remove				FL, 32082-1770
2) Change				
Remove				
3) Change		_		
Remove				
4) Change Add		-		
Remove 5) Change		_		
Add Remove				
6) Change		_		
Add Remove				

	eets, if necessary).	ticles, enter chan (Be specific)			
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an amendment pr	ovides for an excl	hange, reclassific	cation, or can	ellation of issue	i shares.
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an amendment pr provisions for impl (if not applicab	lementing the ame	hange, reclassificendment if not co	cation, or cand	cellation of issues	i shares,

The date of each amendment	t(s) adoption:	, if other than the
date this document was signed	l.	•
Effective date if applicable:	10/01/2014	
<u> </u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 10/	1/2014 (,	
	By a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
a	ppointed inductary by that inductary)	
	LISA A. MANKOSKI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	