P14000027142

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SECRETARY OF STATE OLVISION OF CORPORATIONS

MAR 1 4 2017 C MCHAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	AATION: Life First Financial	Corporation			
DOCUMENT NUME	P14000027142				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	James Ferriero				
	<u></u>	Name of Contact Person			
	Life First Financial and Insurance Corp.				
•		Firm/ Company			
	2817 E. Oakland Park Blvd., S	Ste 200B			
•	Address				
	Fort Lauderdale, FL 33306				
•		City/ State and Zip Code			
jferrie	ro@li-ff.com				
<u>-</u>		ed for future annual report r	otification)		
For further information	concerning this matter, please	e call:			
James Ferriero		at (⁹⁵⁴	256-5356		
Name o	f Contact Person		e & Daytime Telephone Number		
Enclosed is a check for	the following amount made pa	ayable to the Florida Depar	tment 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)		
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Division Clifton E 2661 Ex	nent Section of Corporations		

Articles of Amendment to **Articles of Incorporation**

Life First Financial Corporation

(Name of Corporation	<u>on as currently filed with the Florida De</u>	pt. of State)
P14000027142		3
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:	
Life First Financial and Insurance Corp.		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	," "Inc," or "Co". A professional corpo	porated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		<u> </u>
		
C. Enter new mailing address, if applicable:	TV.	
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u></u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered of		ume of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi		
hereby accept the appointment as registered agent. I	I am familiar with and accept the obligation	ns of the position.
Signa	ature 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 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	John Doe				
X Remove	<u>V</u>	Mike Jones				
_X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Nar</u>	ne			<u>Addres</u> s
1) Change					-	
Add						
Remove						
2) Change						
Add						
Remove						
3) Change			···		_	
Add						
Remove						
4) Change				,		
Add						
Remove						
5) Change						
	-				- ·	
Add					,	
Remove						
6) Change		_				
Add						
Remove						

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amer</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
, , , , , , , , , , , , , , , , , , , ,	

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement 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)
action was not required.	pted by the board of directors without shareholder action and shareholder
action was not required.	sed by the meorporators without shareholder action and shareholder
Dated03/	03/17
Signature (By a di	rector, 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 ed fiduciary by that fiduciary)
	lames Ferriero
-	(Typed or printed name of person signing)
1	President
-	(Title of person signing)