

P14000057499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

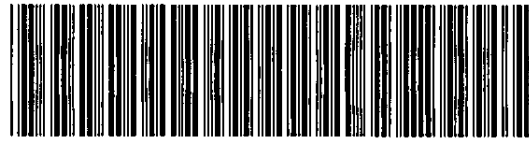
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/29/14--01022--008 **52.50

Amend

FILED
2014 AUG 29 PM 3:18
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

*Darrell Phillips
gave permission to
add 9751 Mountain
Lake Dr, Ste 100P*

*DPK
9/4/14*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRANSPARENCY HOME LENDING, INC

DOCUMENT NUMBER: P14000057499

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANILO J. PHILLIPS

(Name of Contact Person)

TRANSPARENCY HOME LENDING, INC

(Firm/ Company)

3896 WOOD THRUSH DRIVE SUITE 1001

(Address)

KISSIMMEE, FL 34744

(City/ State and Zip Code)

daniлоphillips@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANILO J. PHILLIPS

(Name of Contact Person)

at (407) 405-1597

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|---|

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRANSPARENCY HOME LENDING, INC.

DOCUMENT NUMBER: P1000057499

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHILLIPS, DANILO J.
Name of Contact Person

TRANSPARENCY HOME LENDING, INC
Firm/ Company

3896 WOOD THRUSH DRIVE SUITE 1001
Address

KISSIMMEE, FL 34744
City/ State and Zip Code

danilophilips@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILLIPS, DANILO J. at (407) 405-1597
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
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

TRANSPARENCY HOME LENDING, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000057499

(Document Number of Corporation (if known))

FILED
2014 AUG 29 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

9751 MOUNTAIN Lake Dr.
SUITE 1001
ORLANDO, FL 32832

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

9751 MOUNTAIN Lake Dr.
SUITE 1001
ORLANDO, FL 32832

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

9751 Mountain Lake Dr, Ste 1001
(Florida street address)

New Registered Office Address:

Orlando, Florida 32832
(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 position.

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)

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:

- Change PT John Doe
- Remove V Mike Jones
- Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>VP</u>	<u>PHILLIPS, MARIA</u>	<u>3896 WOOD THRUSH DR</u>
<input type="checkbox"/> Add			<u>KISSIMMEE, FL 34744</u>
<input checked="" type="checkbox"/> Remove			

2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Phillips, Danilo J</u>	<u>9751 Mountain Lake Dr</u>
<input type="checkbox"/> Add			<u>Orlando, FL 32832</u>
<input type="checkbox"/> Remove			

3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

The date of each amendment(s) adoption: AUGUST 1, 2014, if other than the date this document was signed.

Effective date if applicable: AUGUST 1, 2014
(no more than 90 days after amendment file date)

Adoption 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 SEPTEMBER 4, 2014

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)

PHILLIPS, DANILO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Examiner AJR

Date Processed: 9-4-14

Scanner & Date Scanned: 9/5 