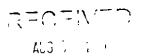
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R. 11- 17 SEP 1 : 201

COVER LETTER

TO: Amendment Section

Division of Corporations G.I. Nationwide Leading Corporation NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person G. T. Nationiville Lending Corp. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (37) 537-0486 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **S43.75** Filing Fcc & ☐\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

0 - 1	of ì	•	0. 11
(GI. Nationwille 1	Lending	<u> </u>	
(Name of Corporation a	s currently filed with	the Florida Der	pt. of State)
P1500001517	78		
(Document	Number of Corporation	n (if known)	
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this <i>Florida Proj</i>	fit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corpe	oration:		
			The new
name must be distinguishable and contain the word "corpo" "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	$I \cup U$. A projection	or "incorporated val corporation	l" or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)		
			_
		<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	<u></u>		
D. If amending the registered agent and/or registered	d office address in Flo	rida, enter the	name of the
new registered agent and/or the new registered of	ffice address:		
	(Florida street address))	
N D 11 105-a Address			, Florida
New Registered Office Address:	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.	stered Agent: am familiar with and a	accept the obliga	itions of the position.
Signa	ture of New Registered	Agent, if change	ing
Check if applicable The amendment(s) is/are being filed pursuant to s. 6	507.0120 (11) (c), F.S.		

•	• • •		
address of each Office (Attach additional shee Please note the officer P = President; V = Via Executive Officer; CFC President, Treasurer, I	er and/or Directo ets, if necessary) /director title by th ce President; T= 1 O = Chief Financio Director would be ted in the following leaves the corport	r being added: see first letter of the office title: Freasurer; S= Secretary; D= Director; TR= T al Officer. If an officer/director holds more tha PTD. g manner. Currently John Doe is listed as the attion, Sally Smith is named the V and S. These	Invitee; C = Chairman or Clerk; CEO = Chief on one title, list the first letter of each office held. PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> Mik	e Jones	
X Add	SV Sall	y Smith	
Type of Action	<u>Title</u>	Name	Address
(Check One) 1) Change	<u>C00</u>	Hullis E. Collins	1114 East River Opks Dr
X_ Add			Indialantie, Fl 32903
Remove	VP	NAOMI K Saver	Indialantie, Fl 32903 1678 Pulm Ridge Road

Me bourne Fl 32935

Helbourne F1. 32934

Kerry L. Finterine 3431 Saddle Brook De

Sec

2) ____ Change

_X_Add

3) ____ Change

4) ____ Change

_____ Add

5) ____ Change

X Add

6) ____ Change

____ Add

____ Remove

____ Remove

Remove

_ Add

Remove

Remove

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
_	
If an amendment provides for an ex-	change, reclassification, or cancellation of issued shares,
provisions for implementing the au	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
_	
_	

grand the state of the state of

The date of each amendment(s) adoption:	1 (, if other than the
<u> </u>	821	
(nl	b more than 90 days after amendment file dat	e)
Note: If the date inserted in this block does not make the document's effective date on the Department of State		nts, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)	
☐ The amendment(s) was/were adopted by the incoaction was not required.	orporators, or board of directors without share	holder action and shareholder
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr		mendment(s)
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting gro	areholders through voting groups. The follow oup entitled to vote separately on the amendme	ing statement ent(s):
"The number of votes cast for the amendme	ent(s) was/were sufficient for approval	
by	"	
(voting g	group)	
Dated	1	
Signature		
(By a director, presiden selected, by an incorpo- appointed fiduciary by	nt or other officer - if directors or officers have orator - if in the hands of a receiver, trustee, or that fiduciary)	other court
	enf ld. Fontaine, I	
(Тур	ped or printed name of person signing)	
	President	
(Titl	le of person signing)	