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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Solutions Business	s Center Corpora	ation	
DOCUMENT NUM	P15000028853			
The enclosed Article	s of Amendment and fee are su	bmitted for filin	g.	
Please return all corr	espondence concerning this ma	tter to the follow	/ing:	
	Timothy Harris			
		Name of Cor	ntact Persor	1
	SaltWater Mortgage Group			
		Firm/ Co	ompany	
	4336 Four Lakes Dr			
		Add	ress	
	Melbourne, FL 32940			
		City/ State a	nd Zip Code	
nrer	ntsanger@gmail.com			
piei —	E-mail address: (to be us	ead for future an	nual ranced	notification)
For further informati	on concerning this matter, pleas		321	408-9209
Name	of Contact Person	at (_	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the F	lorida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fiti Certified C (Additional enclosed)	ору	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327			Amend Divisio Clifton	Address ment Section n of Corporations Building
Tallahassee, FL 32314 2661 Executive Center Circle				xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Solutions Business Center Corporation				
(Name o	of Corporation as currently	filed with the Florida Dept. of St	tate)	
P15000028853				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts t	he following ame	endment(s) to
A. If amending name, enter the new na	ame of the corporation:			
SaltWater Mortgage Group Inc.			The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional corporation r		
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			SECRETARY D	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			DE STATE	-S
Mune of the was the real research	1175 Wentworth Cir		·	
	(Florida stre	at address)		
	Rockledge	,	. 32955	
New Registered Office Address:		, Flori	da(Zip Code)	
	'	City	(zap coue)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			e position.	
		egistered 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	PVST	Prentice Sanger	4336 Four Lakes Dr
Add			Melbourne, FL 32940
X Remove			
2) Change	PVST	Timothy Harris	4336 Four Lakes Dr.
X Add			Melbourne, FL 32940
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment date this document was signed		, if other than the
•	04/01/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/we	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	
03/25 Dated	0/2019	
Signature	Oh I I	
(E	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 oppointed fiduciary by that fiduciary)	
	Prentice Sanger	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	