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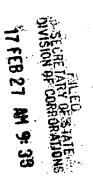
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C NCHAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Paracentra Fundin	g Inc				
DOCUMENT NUMBI	D14000045370					
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
		Craig Becton				
-	Name of Contact Person					
Paracentra Funding Inc						
_	Firm/ Company					
	8627 Bonaire Bay Ln Ste 102 A					
_	Address					
	Tampa,FL 33614					
-	·	City/ State and Zip Cod	e			
		paracentrafunding@gmai	l com			
	E-mail address: (to be us	sed for future annual report				
	`	·	,			
For further information	concerning this matter, pleas	se call:				
Craig Becton		321	263 1379			
Name of Contact Person		at (321) de & Daytime Telephone Number			
	•					
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment 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		Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301			

THEB 27 M 9.30

Articles of Amendment Articles of Incorporation of

Paracentra	Funding Inc	7 35	
(Name of Corporation as curren	tly filed with the Florida Dept. of	State)	
P16000065279			
(Document Number	of Corporation (if known)	15 .	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts	the following amendm	
A. If amending name, enter the new name of the corporation:			
N/A		The nev	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	d" or the abbreviation	
B. Enter new principal office address, if applicable:	N/A		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A		
	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P. O. Box 8743		
	Tampa, FL 33674		
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of	the	
new registered agent and/or the new registered office addre			
Name of New Registered Agent Cr	nig Becton		
•	irc Bay Ln Stc 102 A		
(Florida s	treet address)		
New Registered Office Address:	Tampa . Flor	33614	
New Negation La Office Mauress.	(City)	(Zip Code)	
lew Registered Agent's Signature, if changing Registered Agen	ıt:		
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the	he position.	
			
Signature of Nove	Registered Agent, if changing		
Signulare of New	rregioner en ukem, il chankink		

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.

X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	re Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CFOS	Kenya L Taylor	8627 Bonaire Bay Ln
Add			Ste 102 A
X Remove			Tampa,FL 33614
-2) Change	CEOS	The Diversfied Working Trust	PO Box 8743
X Add			
Remove			Tampa,FL 33674
3) Change			
Add			
Remove			<u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment(s) ac date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
,	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
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 ar ficient for approval.	nendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and	shareholder
■ The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and share	eholder
Dated	2/24/2017	
Signature	Kanya L. Tayla	
selected	rector, president or other officer — if directors or officers have, by an incorporator — if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	Kenya L Taylor	
	(Typed or printed name of person signing)	
	e Fos	
	(Title of person signing)	