P16000065279

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S. YOUNG

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	aracentra Fundin	gs Inc			
	0065279				
The enclosed Articles of Amendm	ent and fee are su	bmitted for filing.			
Pleas return all correspondence co	oncerning this ma	itter to the following:			
		Craig Becton			
		Name of Contact Persor	1		
		Paracentra Fundings Inc	÷		
		Firm/ Company			
		8270 Woodland Center Bly	d		
Address					
	Tampa, FL 33614				
		City/ State and Zip Code	e.		
		paracentrafund00@mail.c	om		
E-mail	address: (to be u	sed for future annual report	notification)		
For further information concerning	this matter, plea	se call:			
Craig Becton		at (813	4672594		
Name of Contact Po	erson	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following	ng amount made	påyable to the Florida Depa	iriment of State:		
-	75 Filing Fee & ficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, F1, 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Paracentra Fundings Inc

(<u>Name</u>	of Corporation as curre	itly filed with the Flori	da Dept. of State)	
	P160	00065279		
	(Document Number	of Corporation (if know	n)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, th	is Florida Profit Corpor	ation adopts the following	g amendment(s)
A. If amending name, enter the new n	ame of the corporation:			
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Control association," "professional association,	orp." "Inc." or "Co".	A professional corpor		on "Corp"
B. Enter new principal office address,	if applicable:	N/A		23
(Principal office address MUST BE A STREET ADDRESS)		N/A		
		N/A		25
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		. 72
	_	N/A		ن. ب.
		N/A		
D. If amending the registered agent as	nd/or registered office ac	ldress in Florida, enter	the name of the	
new registered agent and/or the ne			The first of the	
Name of New Registered Agent	N/A			_
	N/A			
	(Florida	street addressi	·· = ·· · · ·	•
New Registered Office Address:	N/A		. Florida	
new negmered vynce nameta.		Сіця	(Zip ('ode)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Age	nt:	16	
Thereby accept the appointment as regis.	wrea ageni i am јатина	r wun ана ассері те оп	ugations of the position.	
	Signature of New	Registered Agent, if cha	mging	-
	-		•	
Check if applicable				

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

Please note the officer director title by the first letter of the office title:

P = Fresident; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PVTS	Craig Becton	8270 Woodland Center Blvd
X Add			Tampa, FL 33614
Remove			
2) Change	CEOS	The Diversfied Working Trust	PO BOX 8743
Add			Tampa, FL 33674
X Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional shee</i>	g additional Articles, et ets, if necessary). (Be s	pecific)		
1:	ť	*		
	-			
			······································	-
		<u> </u>	<u>,, , , , , , , , , , , , , , , , , , ,</u>	
				*
71	;	*		
If an amendment proprovisions for imple (if not applicable	menting the amendmen	reclassification, or cancellation tif not contained in the ame	on of issued shares, ndment itself:	
				

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(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 requirement partment of State's records.	ets, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharel	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the an flicient for approval.	nendment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	.	
	(voting group)	
01/20/2020 Dated	Jan Kan A	
(By a di selected	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	Craig Becton	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	