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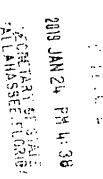
(Re	equestor's Name)	
(Ad	ddress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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JAN 29 2019 C. INCNAIR

COVER LETTER

FO: Amendment Section Division of Corporations	ge Project INC 22 PA 438 ed for filing.
NAME OF CORPORATION: The Mortgan	ge Project INC
DOCUMENT NUMBER: P 17 00	20028438
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
The Mortgage	Address L FL 32420 ity/ State and Zip Code AMAIL: COM offuture annual report notification)
For further information concerning this matter, please cal	1:
Fugin Thur per Name of Contact Person Enclosed is a check for the following amount made payable.	
(\$43.75 Filing Fee & Sertified 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	Street Address Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

· .	Articles of Incorporation		
The last are	of the state of th		智 生 二
The Mortgage	Project Inc	Florida Dana of Casas	2
		riorida Dept. of State	15.7
	0028438	£1	- 70
(b	ocument Number of Corporation (i	r known)	(2) (1) (2)
ursuant to the provisions of section 607.1006, Fl s Articles of Incorporation:	orida Statutes, this <i>Florida Profit</i> (Corporation adopts the fo	ollowing amendment(s
. If amending name, enter the new name of the	he corporation:		
			The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C ord "chartered," "professional association," or	Corp," "Inc," or "Co". A profes.		
Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>			
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>		
. If amending the registered agent and/or reg new registered agent and/or the new register		enter the name of the	
Name of New Registered Agent	Eugene Thorpe	,	
15	1 Portside Ave	# 201	
New Registered Office Address:	(Florida street address) CavaverAL, FL	, Florida	— 32920
	(City)		(Zip Code)
lew Registered Agent's Signature, if changing hereby accept the appointment as registered age		the obligations of the po.	sition.
	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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally S	mit <u>h</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	5	_	Kodney Dean Henson	5341 NW 79th Ave
Add				DRALIFL 33166
Remove			D.	512-200-5853
2) Change	B		The though	151 Portside Aug # 201
Add				Cape CaraverAL, FL 32920
3) Change				
Add				
Remove				
4) Change	VP	_	Freda Thorpe	151 Portside Ave #201 Cape Canaveral, FL 32920
Add				Cape Canaveral, FL 32920
X Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

mending or adding adding adding additional sheets, if	necessary). (Be specij	ific)
		\
· · · · · · · · · · · · · · · · · · ·		
 		
an amendment provide	s for an exchange, recl	lassification, or cancellation of issued shares. Inot contained in the amendment itself:
(if not applicable, ind	dicate N/A)	not committee in the amenda to the committee in the commi
	- 	
	1 \ 1	
	-	

The date of each amendment(s) adoption:		, if other than the
date this document was signed.	<i>(</i> :	
Effective date if applicable:	1-15-2019	
Effective date in applicable.	(no more than 90 days after o	umendment file date)
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutor t of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient		rotes cast for the amendment(s)
☐ The amendment(s) was/were approved be must be separately provided for each vo	y the shareholders through voting g ting group entitled to vote separate	groups. The following statement ely on the amendment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient f	or approval
by owheres	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without share	reholder action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without sharehol	der action and shareholder
Dated	-15-2019	
Signature UUSU	4 Hunge	
(By a director,	president or other officer - if direc	
	incorporator - if in the hands of a	receiver, trustee, or other court
appointed fidu	ciary by that fiduciary)	
	Eugline Two	PE
	(Typed or printed name of pers	son signing)
	President	
	(Title of person sig	ming)