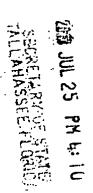
## P17000028438

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| Z 16                                    |
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## COVER LETTER

| •                                    | * .   | <u>COVER LETTER</u>  | · · · · · · · · · · · · · · · · · · ·   |                  |
|--------------------------------------|---|--|---|------------------|
| TO: Amendment Sec<br>Division of Cor |   | •  |   | JUL 25 PA LI. 10 |
| NAME OF CORPO                        | ORATION: The Mortgage Proj  | ect Inc  |   | The F.           |
| DOCUMENT NUN                         | P17000028438  |  |   | 1                |
|                                      | s of Amendment and fee are su   | bmitted for filing.  |   |                  |
| Please return all corr               | espondence concerning this ma   | tter to the following:   |   |                  |
|                                      | Eugene Thorpe   |  |   |                  |
|                                      |   | Name of Contact Person   |   |                  |
|                                      | The Mortgage Project Inc  |  |   |                  |
|                                      |   | Firm/ Company  |   |                  |
|                                      | 8501 Astroaunt Blv. Ste.4   |  |   |                  |
|                                      |   | Address  |   |                  |
|                                      | Cape Canaveral, FL 32920  |  |   |                  |
|                                      |   | City/ State and Zip Code   |   |                  |
| gene                                 | ethorpe50@gmail.com   |  |   |                  |
|                                      | E-mail address: (to be us   | sed for future annual report r                                     | notification)   |                  |
| For further informati                | on concerning this matter, pleas  | re call:   |   |                  |
| Eugene Thorpe                        |   | at (412  | 980-1972  |                  |
|                                      |   | le & Daytime Telephone Number                                      | <del></del>   |                  |
| Enclosed is a check t                | or the following amount made  | payable to the Florida Depar                                       | rtment of State:  |                  |
| \$35 Filing Fee                      | ☐\$43.75 Filing Fee & Certificate of Status   | □\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) | ·                |
| An<br>Di<br>P.C                      | ailing Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314 | Division<br>Clifton  | Address nent Section n of Corporations Building tecutive Center Circle                            |                  |

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

W 25 7 1 1 The Mortgage Project Inc (Name of Corporation as currently filed with the Florida Dept. of State)

| P17000028438   |                                  |                     |                                       | 6.7 T                                    |
|--|----------------------------------|---------------------|---------------------------------------|--|
|  | (Document Number of C            | orporation (if knov | vn)                                   | Sic                                      |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | 1006, Florida Statutes, this Flo | orida Profit Corpo  | ration adopts the f                   | ollowing amendme                         |
| A. If amending name, enter the new na  | ame of the corporation:          |                     |                                       |  |
|  | <del></del>                      |                     |                                       | The new                                  |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp." "Inc." or "Co     | ". A professiona    | "incorporated oi<br>  corporation nam | r the abbreviation<br>e must contain the |
| B. Enter new principal office address,   |                                  |                     |                                       |  |
| (Principal office address <u>MUST BE A S</u>   | <u>TREET ADDRESS</u> )           |                     |                                       |  |
|  |                                  |                     |                                       |  |
|  |                                  |                     |                                       |  |
| C. Enter new mailing address, if apple (Mailing address MAY BE A POST  |                                  |                     |                                       |  |
| ( <u></u>  |                                  |                     |                                       |  |
|  |                                  |                     |                                       |  |
|  |                                  |                     |                                       | <del></del>                              |
| D. If amending the registered agent ar<br>new registered agent and/or the ne   |                                  | s in Florida, enter | the name of the                       |  |
| Name of New Registered Agent   | Freda tho                        | rol                 |                                       |  |
|  | 8501 Astrouan                    | t BlvD              | Ster4                                 |  |
| March mistered Office Address  | Cape Canaver                     |                     | , Florida                             | 32920                                    |
| New Registered Office Address:   | (C)                              | ity)                | , 1 101104_                           | (Zip Code)                               |
|  |                                  |                     |                                       |  |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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, a 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Ch$ Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change             | <u>РТ</u>       | John Doe      |                           |
|-------------------------------|-----------------|---------------|---------------------------|
|                               |                 |               |                           |
| X Remove                      | $\underline{V}$ | Mike Jones    |                           |
| X Add                         | <u>SV</u>       | Sally Smith   |                           |
| Type of Action<br>(Check One) | <u>Title</u>    | <u>Name</u>   | <u>Addres</u> s           |
| 1) Change                     | VP              | Freda Thorpe  | 8501 Astronaut Blvd Stc.4 |
| x Add                         |                 |               | Cape Canaveral, FL 32920  |
| Remove                        |                 |               |                           |
| 2) Change                     | Sec             | Rodney Henson | 5341 NW 79th Ave          |
| Add                           |                 |               | Doral, FL 33166           |
| x Remove                      |                 |               |                           |
| 3) Change                     | _               | <u> </u>      | <u> </u>                  |
| Add                           |                 |               |                           |
| Remove                        |                 |               |                           |
| 4) Change                     |                 |               |                           |
| Add                           | •               |               | ·<br>                     |
| Remove                        |                 |               |                           |
| 5) Change                     |                 |               |                           |
| Add                           |                 |               |                           |
| Remove                        |                 |               |                           |
| 6) Change                     |                 | _             |                           |
| Add                           |                 |               |                           |
| Remove                        |                 |               |                           |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|---|
| Rodney Henson, will leave company and be removed as Broker. Freda Thorpe will be added as Vice President and Broker C       |
| Engra thorpe with remain a logistered Agent   |
| Fredu will be registered agent  |
| Freda Thorpe will be registed argent  |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                            |
| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)      |
| •   |
|   |
|   |
|   |
|   |
|   |

| The date of each amendment(s) adoption:, if other than date this document was signed,  |
|--|
|  |
| Effective date if applicable:  |
| (no more than 90 days after amendment file date)   |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.       |
| Adoption of Amendment(s) (CHECK ONE)   |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |
| by   |
| (voting group)   |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |
| Dated  |
| Signature & Sheda M Shope  |
| (By a director, president or other officer - if directors or officers have not been  |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)   |
| appointed reductary)   |
| + Sylleda FREda M Thorpe   |
| (Typed or printed name of person signing)  |
| · Vice President  (Title of person signing)  |