# P17000045880

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Name Change

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations JB Home LOAN SERVICE, INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company JVbolloms 1@ All Nel E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

#### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

## Articles of Amendment to

### Articles of Incorporation

Of the state of th		<b></b> -	
JB Home LOAN SE	RVICE, 1	NC.	
(Name of Corporation as currentle	<u>y filed with the Florida l</u>	Dept. of State)	
P170000 45	880		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporatio	n adopts the following amen	dment(s) to
A. If amending name, enter the new name of the corporation:			
ASAP Home LOA	NS SERVI	ces INC The	new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corp	orporated" or the abbrevia poration name must contain	tion the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )			_
			_ 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			17 JUL 27 1
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	ess in Florida, enter the	<u>пате of the</u>	NEW THE SO
Name of New Registered Agent			Ĵ
(Florida str	eet address)		
New Registered Office Address:		, Florida	<del></del>
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v		tions 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, 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	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change				
Add		<del></del>		
Remove				
Kemove				
6) Change				
Add				
Remove				

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<del></del>	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	12017
Effective date if applicable: (no more tha	n 90 days after amendment file date)
,	,
<b>Note:</b> If the date inserted in this block does not meet the application document's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. To by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders to must be separately provided for each voting group entitled	
"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 directe action was not required.	ors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators was action was not required.	vithout shareholder action and shareholder
Dated /23 /20	2/2
Si	
	fficer – if directors or officers have not been the hands of a receiver, trustee, or other court ry)
Sohne	E. Bottoms, Jr
(Typed or printed)	ed name of person signing)
	Lesident
——————————————————————————————————————	le of person signing)