## P18 0000 55329

(Requ	estor's Name	*)	<del></del>
(Addr	ess)		
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(City/s	State/Zip/Pho	ne #)	
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(Busin	ness Entity Na	ame)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Central FL Mortga	ige & Loan, Inc.	
DOCUMENT NUM	BER: P18000055329		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Abby Blankenship		
		Name of Contact Person	1
	Central FL Mortgage & Loan, Inc.		
		Firm/ Company	
	2800 Scenic Drive, Building 4, Suite 72		
		Address	
	Blue Ridge, GA 30513		
		City/ State and Zip Cod	e
	CentralFLMortgageLoan@G	imail.com	
		sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:at (	853-5574
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 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 Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florida Dept. o	f State)
Central FL Mortgage & Loan, Inc.		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his <i>Florida Profit Corporation</i> adop	ts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>	
NA		The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.	'. A professional corporation nam	the abbreviation "Corp.," e-must-contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA .	2:
	NA	202
		·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	3
(manning 2200 cs s 200 cs s 20		5:
		:3
	<u> </u>	<u> </u>
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		of the
Name of New Registered Agent		<del></del>
NA		
(Florida	a street oddress)	
New Registered Office Address:		lorida
	(Ciţy)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations o	f the position.
Signature of Ne	w Registered Agent, if changing	

Check if applicable

☐ 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 = 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>Jo</u>	<del>hn Doe</del>	
X Remove	<u>v</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Director	Tamela Puckett	2800 Scenic Drive, Building 4, Su
X Add			Blue Ridge, GA 30513
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<del></del>		
Remove			
INCLIENT.			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
NA	
F. If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	direct it not contained in the amendment usen.
NA	

The date of each amendment		, if other than the
date this document was signed.		
Effective date if applicable:	8/1/2020	
<del></del>	(no more than 90 days after amendment file	date)
	his block does not meet the applicable statutory filing require ne Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the re sufficient for approval.	e amendment(s)
	e approved by the shareholders through voting groups. The fold do for each voting group entitled to vote separately on the amend	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	<u>."</u>	
-7	(voting group)	
8/1/20 Dated	20	
Signature	abby Blankership	
	y a director, president or other officer - if directors or officers h	
	lected, by an incorporator – if in the hands of a receiver, trustee pointed fiduciary by that fiduciary)	, or other court
	Abby Blankenship	
	(Typed or printed name of person signing)	
	Director	

(Title of person signing)