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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EASY MORT 646E FLORIOA CORP							
DOCUMENT NUMBER: <u>P200000 36056</u>							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Henneth Mathison Name of Contact Person							
Name of Contact Person							
EASY MURICAGE FLORICA CORD							
Firm/ Company							
2378 QUAI ROOST OF.							
Address							
Weston, FL 33327  City/ State and Zip Code							
City/ State and Zip Code							
Kenneth. J. Mathison @ amail . com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Kann ath Math'i Son at (305) 305 0663  Name of Contact Person Area Code & Daytime Telephone Number							
Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee							
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							

## Articles of Amendment to Articles of Incorporation of

EASY	MORTGAGE	FIORIDA	CORT

## (Name of Corporation as currently filed with the Florida Dept. of State)

	P200000 36	056		
	(Document Num	her of Corporation (if known	)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes.	this Florida Profit Corpora	tion adopts the f	ollowing amendmen
A. If amending name, enter the new n	ame of the corporatio	n:		
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association,"	'orp," "Inc," or "Co	". A professional corpora	ated" or the abl tion name musi	breviation "Corp"
B. Enter new principal office address, (Principal office address MUST BE A S		NA	<del>_</del>	<del></del>
<u></u>	, , , , , , , , , , , , , , , , , , ,			23
				3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
				<u> </u>
				1
D. If amending the registered agent an new registered agent and/or the new	id/or registered office w registered office add	address in Florida, enter ti dress:	he name of the	
Name of New Registered Agent	Kenneth N	1944150M		
	2378 QUAI	ROOST DING		
		da sireet address)		20.00
New Registered Office Address:	WESTON	1875	, Florida_	33327
		(City)		(Zip Code)
New Registered Agent's Signature, if c	hanging Registered A	gent;		
I hereby accept the appointment as regist	ered agent. I am fami	iliar with and accept the oblig	gations of the pe	osition.
12		-1/	-	
			•	<del></del>

Signature of New 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)

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:

Example: X Change	<u>PT</u>	John Doe	
X Remove	v	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>S</u>	Oly CAUSO	10967 NW 44 TERRACE
Add			DORAL FL 33178
Remove			
2) Change	_P	Kenneth J. Mathison	2378 QUAIL ROOST Drive
X_ Add			WOSTON, FL 33327
Remove 3 ) Change		JO ANN MATHISON	2379 QUAIL BOSST DIIVE
X_ Add			W2570N, FL 33327
Remove			
4) Change	<del></del>		
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change		- /	
Add			
Remove			

NA	if necessary).					
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an amendment provide	<u>es for an exchan</u> sting the amend	ige, reclassifical	uon, or cancella tained in the on	ition of issued s	<u>hares.</u>	
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The date of each amendment(s) adoptio	n: JUly	204	2020	, if other than the
date this document was signed.	,			
Effective date <u>if applicable</u> :	JUly 20th	2020		
	'(no more tha	n 90 days after	amendment file date)	
Note: If the date inserted in this block d document's effective date on the Department			ory filing requirement	is, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted haction was not required.	y the incorporators.	or board of dir	ectors without shareh	older action and shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficier		The number of	votes cast for the am	endment(s)
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders voting group entitled	through voting to vote separa	groups. The following	ng statement u(s);
"The number of votes cast for the	: amendment(s) was/	were sufficient	for approval	
by				
	(voting group)		······································	
Dated_JUN 27+	2020	70/1/1		
Signature		Su		
selected, by a	, president of other on incorporator — if in uciary by that fiducia	the hands of a	ctors or officers have receiver, trustee, or o	not been other court
	oly a	auso		
<del></del>	(Typed or print	ed name of per	son signing)	
	Preside	7nF		
	(Title of person			