P21000071074

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COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPO	RATION: Home For Life Re-	verse Mortgage, Inc			
DOCUMENT NUM	BER: P21000071074				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Todd Woodcock				
	Name of Contact Person				
	Home For Life Reverse Mortgage Inc				
	Firm/ Company				
	23072 Nugent Ave				
	Address				
	Port Charlotte, FL 33954				
	City/ State and Zip Code				
	todd.woodcock@comcast.net				
	E-mail address: (to be used for future annual report notification)				
For further information	on concerning this matter, plea		628-2849		
Name of Contact Person		at (941) 628-2849 Area Code & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Dep	eartment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Home For Life Reverse Mortgage, Inc	
(Name of Corporation as o	currently filed with the Florida Dept. of State)
P21000071074	
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ution:
Home For Life Reverse Mortgage Inc. (delete comma after M	Mortgage, before Inc) The new
name must be distinguishable and contain the word "corporal" the,," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
D. Enter new principal office address if applicable.	n.u
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	5)
	022
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2022 NUE 30 AM 11: 2:
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D. If amending the registered agent and/or registered off	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent n/a	
(FI	lorida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	d Agent: amiliar with and accept the oblivations of the position
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<u></u>	
Signature o	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)

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>171</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		n/a 	_
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

	litional sheets, if necessar	y). (Be specific)			
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	dment provides for an e	xchange, reclassificati	on, or cancellation c	of issued shares.	
<u>lf an am</u> ene	for implementing the a	mendment if not conta	ained in the amendo	nent itself:	
provisions	applicable, indicate N/A))			
provisions	·				
provisions					
provisions					
provisions					
provisions					

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	8/25/2021	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
•		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirement of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups. The jar each voting group entitled to vote separately on the amount	following statement endment(s):
"The number of votes can	t for the amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
8/25/2021 Dated		
Signature a	dd Dank ant	
(By a select	director, president or other officer – if directors or officer, ed. by an incorporator – if in the hands of a receiver, trust ated fiduciary by that fiduciary)	s have not been ee, or other court
	Todd Woodcock	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	