

P94000065473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

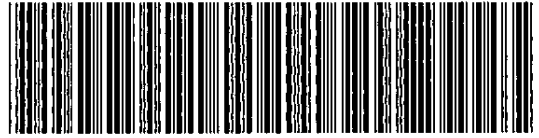
(Business Entity Name)

(Document Number)

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03/23/09--01023--008 **35.00

09 MAR 23 AM 9:58

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Amend
(a) 3/24/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BP TITLE SERVICES, INC

DOCUMENT NUMBER: P94000065473

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA CAMAYD PALACIOS

(Name of Contact Person)

BP TITLE SERVICES, INC

(Firm/ Company)

3785 NW 82ND AVENUE, SUITE 205

(Address)

DORAL, FL 33166

(City/ State and Zip Code)

For further information concerning this matter, please call:

BARBARA CAMAYD PALACIOS

(Name of Contact Person)

at (305) 591-7305

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

BP TITLE SERVICES, INC.

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

P94000065473

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 23 AM 9:58

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3785 NW 82ND AVENUE, SUITE 205

DORAL, FL 33166

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3785 NW 82ND AVENUE, SUITE 205

DORAL, FL 33166

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

BARBARA CAMAYD PALACIOS

New Registered Office Address:

3785 NW 82ND AVENUE, SUITE 205

(Florida street address)

DORAL

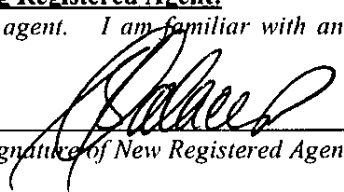
(City)

, Florida 33166

(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, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	BARBARA PALACIOS	19205 SW 24 STREET MIRAMAR, FL 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P/S/T	BARBARA CAMAYD PALACIOS	19205 SW 24 STREET MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

PLEASE NOTE THAT THE REASON OF THE NAME CHANGE IS TO ADD MY MAIDEN NAME TO THE CORPORATION.

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: 3/20/09

Effective date if applicable: 03/20/2009
(no more than 90 days after amendment file date)

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):

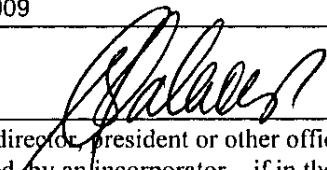
"The number of votes cast for the amendment(s) was/were sufficient for approval

by BARBARA CAMAYD PALACIOS
(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 03/20/2009

Signature 
(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)

BARBARA CAMAYD PALACIOS
(Typed or printed name of person signing)

PRESIDENT/SECRETARY/TREASURER
(Title of person signing)