P97000099869

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
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WITHAR 31 ME: IN SECRETARY OF STATE ALLAHASSEE, FLORIDA

Amend

APR 0 4 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

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Division of Corporations				
NAME OF CORPORATION: The Stop Financial Group Inc.				
DOCUMENT NUMBER: 7770000 99869				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Kenneth Easton				
Ohe Stop Financial Group Inc.				
P.O. Box 3054 Firm/Company				
Palm Beach, FL 33480				
City/ State and Zip Code MRStopfs@aol. com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
11 11 - 1				
Kenneth Easton at 561, 352-8869				
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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				
Division of Corporations Division of Corporations				

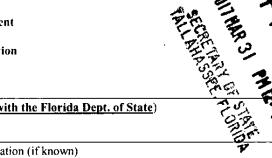
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

One Stop Financial Group Inc. P97000099869

(Document Number of Corporation (if known)



Pursuant to the provisions of section 607.1006, Florida St ts Articles of Incorporation:	tatutes, this <i>Florida Profit Corpo</i>	oration adopts the following ame	ndment
•			
A. If amending name, enter the new name of the corp	<u>oration:</u>		
		/	
name must be distinguishable and contain the word	"governmention " "government " or		new lation
"Corp.," "Inc.," or Co.," or the designation "Corp.,"			
vord "chartered," "professional association," or the abl		, comportation name mass contain	
, ,			
B. Enter new principal office address, if applicable:		<u>/</u>	
Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)		
		/ / /\	
C. Enter new mailing address, if applicable:		1114	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	/ / 1	'\\' '	
	/		
	/		
 If amending the registered agent and/or registered new registered agent and/or the new registered off 		r the name of the	
new registered agent and/or the new registered of	ice aduress:		
Name of New Registered Agent	<u>/</u>		
	(Florida street address)		
New Registered Office Address:		, Florida	
7	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe	ered Agent:		
hereby accept the appointment as registered agent. I a	m familiar with and accept the c	bligations of the position.	
	•		
Signatu	we of New Registered Agent, if c	hanoino	
/	re of tren regimered rigent, if the		

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change Add	Title	Kehneth Salzman	2508 James River R West Palm Beach, F
2) Change Add Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	 -	
			_/
		NA	
	/_	/ \/'	
			18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			·
If an amendment provides for an exch provisions for implementing the amer	ange, reclassification adment if not contain	i, or cancellation of issumed in the amendment in	<u>ed shares,</u> self:
(if not applicable, indicate N/A)			
	/		
		NIA	
		141	

The date of each amendment(s) adoptio	,n: 3/27/2017	, if other than the
date this document was signed.	_	
Effective date if applicable:	3/a7/2017	
The state of the s	(No more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Department.	does not meet the applicable statutory filing requirements ent of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the ament for approval.	ndment(s)
	by the shareholders through voting groups. The following voting group entitled to vote separately on the amendment	
"The number of votes east for the	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted be action was not required.	by the board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were adopted be action was not required.	by the incorporators without shareholder action and shareh	older
3/22	12012	
Dated Od 1	19011	
Signature	N GAS	
(By a director	r, president or other officer - if directors or officers have n	
selected, by a	an incorporator – if in the hands of a receiver, trustee, or of	ther court
appointed fid	luciary by that fiduciary)	
Li	enneth Easton	
	(Typed or printed name of person signing)	
Ci	EO	
	(Title of person signing)	