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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	Capital Mortgage Center,	Inc.
DOCUMENT NU	MBER:	P98000079587	
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	•
Please return all co	rrespondence concerning thi	s matter to the following:	
		F. Paul Scola	
-	N	ame of Contact Person	
, _	Capita	Mortgage Center, Inc.	
		Firm/ Company	
	8140 C	ollege Pkwy Suite 104B	
		Address	·
-		rt Myers, FL 33919	
	~	ity/ State and Zip Code	
,	PSCOI E-mail address: (to be use	a@hotmail.com d for future annual report notification)	
For further informa	tion concerning this matter,	please call:	
	F. Paul Scola		26-6113
Name	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depar	tment 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 Ac Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl	le

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Capital Moi	rtgage Center, Inc.			
(Name of Corporation as curre	ently filed with the Florida De	ept. of State)		
. P98	000079587			
(Document Num	nber of Corporation (if known)			
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Floria</i>	la Profit Corporatio	n adopts the	following
A. If amending name, enter the new name of	f the corporation:			
			The	new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "probable. B. Enter new principal office address, if app (Principal office address MUST BE A STREE) C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or new registered agent and/or the new registered agent and/or the new registered agent and/or the new registered agent.	e designation "Corp." "Inc," of spessional association," or the splicable: IT ADDRESS CE BOX registered office address in Fl	or "Co". A professi abbreviation "P.A."	on all SESSE PARY OF STATE	ation
Name of New Registered Agent:	***************************************			
New Registered Office Address:	(Florida street addr	ess)		
		, Florida_		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered and accept the appointment as registered as a second			s of the posit	ion.

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>	Address	Type of Action
<u>P</u>	Marc Tugwell	203 C Garvin Street Punta Gorda, FL 33950	
<u>P</u>	F. Paul Scola	8140 College Pkwy Suite 104B Fort Myers, FL 33919	
<u>VP</u>	Marc Tugwell	203 C Garvin Street Punta Gorda, FL 33950	☐ Add ☑ Remove
	ng or adding additional Articles, ent ditional sheets, if necessary). (Be spe onal Page		
		W 70000	
provisio	endment provides for an exchange, ross for implementing the amendment tapplicable, indicate N/A)		
-			
_			

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>	Type of Action
	F. Paul Scola	8140 College Pkwy Suite 104B Fort Myers, FL 33919	
S´	Marc Tugwell	203 C Garvin Street Punta Gorda, FL 33950	☐ Add ☐ Remove
<u>s</u>	F. Paul Scola	8140 College Pkwy Suite 104B Fort Myers, FL 33919	
	ding or adding additional Articled dditional sheets, if necessary).	es, enter change(s) here: (Be specific)	
See Addi	tional Page		
	e Mar Paul Norman, mar dan dan maran kan		
provisi		ange, reclassification, or cancellation o Iment if not contained in the amendme	

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)

Title	<u>Name</u>	Address	Type of Action
T	Marc Tugwell	203 C Garvin Street Punta Gorda, FL 33950	
<u>T</u>	F. Paul Scola	8140 College Pkwy Suite 104B Fort Myers, FL 33919	☑ Add □ Remove
	ding or adding additional Article dditional sheets, if necessary). (-
provisi		nge, reclassification, or cancellation of ment if not contained in the amendme	
		LAN MARK	
			1

The date of each amendmen	
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
. ,	ere approved by the shareholders through voting groups. The following statement ed 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	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated_10/2	26/2009
sel	y a director, president or other officer—if directors or officers have not been ected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	F. Paul Scola
	(Typed or printed name of person signing)
	President
	(Title of person signing)