## P9900068413

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special Instructions to Filing Officer:				

Office Use Only



900272143129

04/24/15--01038--019 \*\*1385.00

15 APR 24 AM 10: 15

Nome Change tundatured Him

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TurnKey Title	Corporation		_		
DOCUMENT NUMB	DOOOOOOA12			_		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	Steven M. Stoll					
		Name of Contact Person	1			
Firm/ Company						
	710 NE 24th Way					
Address						
Fort Lauderdale, FL 33304-3527						
•		City/ State and Zip Code	2	<del></del>		
omo	toll@me.com		•			
51115		sed for future annual report	notification)	_		
	is-man address. (to be as	sed for fature aimuai report	notification)			
For further information	concerning this matter, pleas	se call:				
	5			For	<u></u>	
Steven M. Stoll		at ( 954	605-9000		<u>5</u>	************************************
Name of Contact Person		Area Co	de & Daytime Telephone Nu	umber (1975)	APR	€->C'S
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	75.1.	24	l mandan P Samman
\$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)		AH 10: 15	
Ame Divi	ling Address ndment Section sion of Corporations	Amend	Address Iment Section on of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

**∴**.

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flor	sida Dont of Stata)
P99000068413	tua Dept. of State)
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes of Incorporation:	
A. If amending name, enter the new name of the corporation:	
Wharton Investment Company	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation  ". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	77.0
	— m on
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	50 P
Name of New Registered Agent N/A	
(Florida stree	t address)
New Registered Office Address: N/A	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	

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)	<u>Title</u>	Name	Address
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			<u></u>
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
	1 mm - 441 - 1712 - 171
· · · rent — erred =-	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: N/A		, if other	than the
date this document was signed.			
Effective date if applicable: N/A			
(no more than	1 90 days after amendment file date)		
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The shareholders was/were sufficient for approval.	'he number of votes cast for the amendment(s)		
The amendment(s) was/were approved by the shareholders t must be separately provided for each voting group entitled			
"The number of votes cast for the amendment(s) was/v	vere sufficient for approval		
by	"		
by(voting group)	•		
The amendment(s) was/were adopted by the board of direct action was not required.	ors without shareholder action and shareholder		
The amendment(s) was/were adopted by the incorporators was not required.	rithout shareholder action and shareholder		
Dated April 21, 2015 Signature			
(By a director, president or other o	fficer – if directors or officers have not been the hands of a receiver, trustee, or other court ry)	•	
Steven M. Stoll	AC	्र इं	
(Typed o	r printed name of person signing)	APR	1
President	**; 'n: '0	12	A section .
	Title of person signing)	AKID: I	T.