520258

(Re	questor's Name)	
bA)	dress)	· · · · · · · · · · · · · · · · · · ·
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15 DEC -4 PH 2: 5

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Loan Services, In	nc.	
DOCUMENT NUM	IBER: S20258		
The enclosed Article	s of Amendment and fee are st	abmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Sara Summerfield		
		Name of Contact Perso	n
	Brice Group		
		Firm/ Company	
	6450 SW Archer Rd, Ste. 24	0	
		Address	
	Gainesville, FL 32608		
		City/ State and Zip Cod	e
	ssummerfield@bricegroup.c	om	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Sara Summerfield		at (352	372-7736
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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		Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Loan Services, Inc.

15 DEC -4 PM 2:51

	Loan Scivic	æs, mc.	13 000 4 111 2 0
(Name o	of Corporation as currently	filed with the Florida Dept.	of State)
	S2025	58	
	(Document Number of	Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corporation ado	pts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
Brice Management, Inc.			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "(Co". A professional corporati	ated" or the abbreviation
B. Enter new principal office address.	if annlicable:	N/A	
Principal office address MUST BE A S		· · · · · · · · · · · · · · · · · · ·	<u> </u>
C. Enter new mailing address, if appli	cable:	NIIA	
(Mailing address MAY BE A POST		N/A	
D. If amending the registered agent an			of the
new registered agent and/or the new			
Name of New Registered Agent	N/A	 	
	(Florida str	eet address)	
New Registered Office Address:	N/A	J	Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			of the position
neresy accept the appointment as regist	orca ugem. I um jumutur n	run unu uccepi ine vviigations (у ть розшон.
N/A	(
	Signature of New R	egistered 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)

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	N/A	
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

I/A	ry). (Be specific)
In	
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·· ,	
·	·
If an amendment provides for an o	exchange, reclassification, or cancellation of issued shares,
provisions for implementing the a	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
provisions for implementing the s (if not applicable, indicate N/A	amendment if not contained in the amendment itself:
provisions for implementing the s (if not applicable, indicate N/A	amendment if not contained in the amendment itself:
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provisions for implementing the s (if not applicable, indicate N/A	amendment if not contained in the amendment itself:
provisions for implementing the a	amendment if not contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.	, ,	, if other than the
Effective date if applicable:	1/1/16	DIVIDLE A COMO AND
Effective date in applicable.	1/1/16 (no more than 90 days after amendment file date	2) 15 DEC -4 PH 2:5
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requiremen	
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the am approval.	endment(s)
	he shareholders through voting groups. The following group entitled to vote separately on the amendme	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	oting group)	
(ve	oting group)	
■ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and share	cholder
Dated	15	
Dated 11/30/1 Signature Sleya	Col	
(By a director, pre selected, by an inc	esident or other officer – if directors or officers have corporator – if in the hands of a receiver, trustee, or ry by that fiduciary)	
	Alison L. Cox	
 	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	