F13265

Office Use Only



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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Kessler and Gehma	ın Associates, Inc.			
DOCUMENT NUM	F13265				
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Robert Gehman, Jr.				
	Name of Contact Person				
	Kessler and Gehman Associates, Inc.				
		Firm/ Company	* * * * * * * * * * * * * * * * * * *		
	507 NW 60 Street, Suite D				
	Address				
	Gainesville, FL 32607				
	City/ State and Zip Code				
	bill@kesslerandgehman.com				
	É-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
William T Godfrey, Jr.		at (352	359-4350		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

cessier and Genman Associates, inc.			
(Name of	Corporation as currently	filed with the Florida Dept. of State)	
F13265			
	(Document Number of	Corporation (if known)	
dursuant to the provisions of section 607.1 s Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation adopts the following amen	dment(s) t
a. If amending name, enter the new name	me of the corporation:		
 N/A		The	пеш
ame must be distinguishable and contain to Inc.," or Co.," or the designation "Co Chartered," "professional association,"	orp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Con- professional corporation name must contain the v	p.," vord
		N/A	
3. Enter new principal office address, i Principal office address <u>MUST BE A ST</u>	1 applicable: TREET ADDRESS)		
			_
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C	cable: DFFICE BOX)	N/A	
(muning numers Mari BB111 05. 5			
			 -
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the name of the	
new registered agent and/or the new	registered office address:	ess in Florida, ener in mans 32.55	
	William T. Godfrey, Jr.		•
Name of New Registered Agent	507 NW 60 Street, Suite D	Gainesville Fl. 32607	-
	(Florida stre		
	(Finial Sire		
		, Florida	
New Registered Office Address:	 	(City) (Zip Code)	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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.

X_Change	<u>PT</u>	John Doe	
X Remove	<u>y</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	V	Robert Gehman, Jr.	507 NW 60 Street, Suite D
Add			Gainesville, FL 32607
Remove 2) Change	PST	William T. Godfrey, Jr.	507 NW 60 Street, Suite D
X Add			Gainesville, FL 32607
Remove Change	ADD .		
Add			- -
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)	
	_	
 -		
		
		
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		٠-,
	and and aniforming or consollation of insued shares	•
an amendment provides for an excr	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself.	

		-
	<u></u>	

January 1, 2024
The date of each amendment(s) adoption:, if other than
date this document was signed.
January 1, 2024
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
■ 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"
(voting group)
Signature (By a director, president or other picer - 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) Robert Gehman Jr. (Typed or printed name of person signing) Vice President
(Title of person signing)

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: GATOR PUBLIC A	ADJUSTERS INC.			
DOCUMENT NUMB					
The enclosed Articles	of Amendment and fee are sul	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	YITZCHAK GROYER				
	Name of Contact Person				
	YRG ACCOUNTING				
	Firm/ Company				
	648 MIDWOOD STREET. APT 1B				
	Address				
	BROOKLYN, NY, 11203				
	City/ State and Zip Code				
	YESSACCOUNTING@YAL	ЮО.СОМ			
	E-mail address: (to be us	ed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	e call:			
YITZCHAK GROYER		at (<u>917</u>	701-2687		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303