Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : GREENBERG TRAURIG (WEST PALM BEACH)

Account Number: 075201001473 : (561)650-7900 Phone

Fax Number : (561)655-6222

LOSR AMND/RESTATE/CORRECT OR O/D RESIGN

ACCRETIVE INSURANCE SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to

.Art	ticles of Incorporation of	
ACCRETIVE INSU	PRANCE SERVICES, INC.	95
	rently filed with the Florida Dept. of St	rate)
	00070597	
	nimber of Corporation (if known)	
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inco	006, Florida Statutes, this <i>Florida Profit</i> orporation:	t Corporation adopts the
A. If amending name, enter the new name	of the corporation:	
CRIO, Inc.	•	
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation na association," or the abbreviation "P.A."	," "Inc.," or Co.," or the designation.	"Corp," "Inc," or
B. Enter new principal office address, if ay (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)	ele: FICE BOX)	
D. If amending the registered agent and/or new registered agent and/or the new re		nter the name of the
Name of New Registered Agent:		_
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as register position.	ging Registered Agent: red agent. I am familiar with and acc	ept the obligations of the
-	Signature of New Registered Agent, if cl	ranging

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removed a	nd title, name, and address	tors, enter the title and name of each of each Officer and/or Director being	officer/director being added:
(Attach ad	ditional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Q Add
			Add
			LI Remove
			Di Add
			☐ Remove
			
		rticles, enter change(s) here:	
(attach	additional sheets, if necessary). (Be specific)	
****		**************************************	
	<u> </u>		
F. If an	amendment provides for an	exchange, reclassification, or cancella	ntion of issued shares.
	sions for implementing the a not applicable, indicate N/A)	mendment if not contained in the am	endment itself:
•			
		·	
			
		Page 2 of 3	

The date of each amendment(s) adoption: 2/13/09.
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated2_/13/09
Signature
(By a director, president or other office, 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)
RALPH DANIEL FREUDENTHAL
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)