P13000018199

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Amendicus Januarilis

COVER LETTER

Division of Corporations Public Adjusters Advantage Cont. P13000018199 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WILBER M. GOMEZ

Name of Contact Person Public Adjusters Advantage Gorp
Firm/Company
TO Ponce de Leon Blud Suite 103
Address
Coral Gables Fl 33134
City/State and Zip Code EXACTIMAX @ HOT mail. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wilber M. Bomer at 305, 299 660 1 Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Inco	orporation .
PUBLIC ADJUSTERS ADVAN	HAGE CORP.
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P13000018199	رچ. ر
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	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 "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	770 Ponce DE LEON Blod.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SVITE 103
	CORAL GABLES FL 33134
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	770 PONCE DE LEON Blud
	Suite 103
	Cural Gables FL 33134
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	_
Name of New Registered Agent WILBER M	: GOMEZ
	0 Ponce de Leon Blud suite 103
New Registered Office Address: Coral Gab (City)	1es , Florida 33134 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar in Signature of New Registered Agent	

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.

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>	<u>Name</u>	Address
1) Change	 		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		And the second s	
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Remove			

	if necessary).	cles, enter change(s) here: (Be specific)
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- Maria - Mari		
		
If an amendment provide	es for an exch	auge, reclassification, or cancellation of issued shares,
If an amendment provide provisions for implement (if not applicable, inc	nting the amer	auge, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:
provisions for implemen	nting the amer	auge, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:
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provisions for implemen	nting the amer	auge, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

4 lana	
The date of each amendment(s) adoption: 9 30 20 3	, if other than the
6120/2012	
Effective date if applicable: (no more than 90 days after amendment file date)	_
(no more than 90 days after amenament fue 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)	
(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.	
Dated 9 30 2013 (1)	2
Signature (By a director, president or other officer – 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)	
WILDER M. GOMEZ	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	