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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Insurance and Construction Consultants, Inc.
DOCUMENT NUMBER:	P98000023905
The enclosed Articles of Amendme	at and fee are submitted for filing.
Please return all correspondence co	acerning this matter to the following:
	Raul E. Rivero
	Name of Contact Person
	ICC Inc.
100 300 100 100 100 100 100 100 100 100	Firm/ Company
Distancy Corporations	300 Aragon Avenue #, 255
Median Madress Amendmen t St. 2007	Address
gyrzens ea	Coral Gables, Ellis 33134 বে আফ্রন্স ক্রমণ্ড কেন্দ্র কর্মনির ক্রমণ্ড কর্মনির বিশ্ববিদ্ধান ক্রমণ্ড কর্মনির বিশ্ববিদ্ধান কর্মণার ক্রমণ্ড কর্মণার ক্রমণার
•	
E-mail addre	Dominguez6932@aol.com ss: (to be used for future annual report notification)
For further information concerning	his matter, please call:
Carmen Domingue	
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the followin	g amount made payable to the Florida Department of State:
✓ \$35 Filing Fee	Fee & Status Status Certified Copy Certificate of Status Cartified Copy Certified Copy Certified Copy Certified Copy (Additional Copy is enclosed)
Mailing Address 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

Insurance and Construction Consultants, Inc. Insurance and Construction Consultants, Inc. Insurance Insuran	Articles of An	пецатера
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the followamendment(s) to its Articles of Incorporation: ICC Public Adjusters, Inc.	to	FU
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ICC Public Adjusters, Inc. Incompany, "or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co." or the designation "Corp.," "Inc.," or "Co." A professional corporation mame must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Coral Gables, Fl 33134 C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: If any new registered agent and/or the new registered office address:		ion (if known)
ICC Public Adjusters, Inc. The new mame must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation mame must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Coral Gables, Fl. 33134 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	· · · · · · · · · · · · · · · · · · ·	tes, this Florida Profit Corporation adopts the following
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		300 Aragon Avenue # 255
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Name of New Registered Agent:	new registered agent and/or the new registered office ad	dress:
	Name of New Registered Agent:	
New Registered Office Address: (Florida street address)	New Registered Office Address: (Flor	rida etreet addressi
110. ALEXANTER SEA Office Additions.	The Assessment of Office Assessments.	iau sir eet auar essy
, Florida_		
(City) . (Zip Code)	(City)	, (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

PAGE	04/05

09/09/2010 05:54

3052798414

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)

<u>Title</u>	<u>Name</u>		Address		Type of Action
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F. If an a	anendment provides fo	or an exchange, r	eclassification, or c	ancellation of	issued shares.
provis	sions for implementing	the amendment			
(if	not applicable, indicate	N/A)			
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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 amendmen by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following state. 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	9/09/2010	798414 (s) adoption: 9/11/10
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The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated		(voting group)
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 cour appointed fiduciary by that fiduciary) RAY E RIVERO (Typed or printed name of person signing)	action was not required.	
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 courappointed fiduciary by that fiduciary) Ray E. Rivero (Typed or printed name of person signing)	- 1	re adopted by the incorporators without shareholder action and shareholder
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President	(B) sele	ecfed, by an incorporator / if in the hands of a receiver, trustee, or other court
President		(Typed or printed name of person signing)
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