

300298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

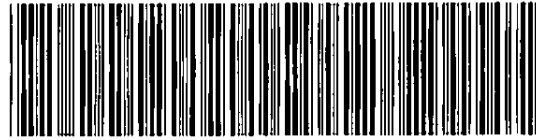
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300452590143

AUG 26 2025
S. CHATHAM

RECEIVED
2025 AUG 25 PM 4:03
STATE
FALLS CHATHAM

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 481795 8305184

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : August 6, 2025

ORDER TIME : 1:59 PM

ORDER NO. : 481795-420

CUSTOMER NO: 8305184

DOMESTIC AMENDMENT FILING

NAME: DAVIES CLAIMS NORTH AMERICA,
INC.

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
X PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Davies Claims North America, Inc.

DOCUMENT NUMBER: 300298

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Toni Billington
Name of Contact Person
Davies Claims North America, Inc.
Firm/ Company
PO Box 110259
Address
Lakewood Ranch, FL 34211
City/ State and Zip Code
NorthAmericaLicensing@us.davies-group.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	<u>P</u>	<u>Dave Valenzano</u>	<u>6240 Lake Osprey Drive</u>
<u>X</u> <u> </u> Add			<u>Sarasota, FL 34240</u>
<u> </u> Remove			
2) <u> </u> Change	<u>P, D</u>	<u>Don Lederer</u>	
<u> </u> Add			
<u>X</u> <u> </u> Remove			
3) <u> </u> Change	<u>V</u>	<u>Matthew Button</u>	<u>6240 Lake Osprey Drive</u>
<u>X</u> <u> </u> Add			<u>Sarasota, FL 34240</u>
<u> </u> Remove			
4) <u> </u> Change	<u>V</u>	<u>Dan Saulter</u>	
<u> </u> Add			
<u>X</u> <u> </u> Remove			
5) <u> </u> Change	<u>D</u>	<u>Dhara Patel</u>	<u>6240 Lake Osprey Drive</u>
<u>X</u> <u> </u> Add			<u>Sarasota, FL 34240</u>
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 the 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)

09/01/2025
Dated _____

Signed by: _____
Signature Dave Valenzano
2FEFE2A72DBA4C4
(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)

Dave Valenzano

(Typed or printed name of person signing)

President

(Title of person signing)