

N93000004374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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19 JUL 15 AM 9:43  
FALMOUTH, ILLINOIS

JUL 16 2019  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2019

NANCY DOMINGUEZ  
9100 SOUTH DADELAND BLVD STE 1500  
MIAMI, FL 33156

SUBJECT: FLORIDA ASSOCIATION OF PUBLIC INSURANCE ADJUSTERS,  
INC.  
Ref. Number: N93000004374

We have received your document for FLORIDA ASSOCIATION OF PUBLIC INSURANCE ADJUSTERS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 619A00013057

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Florida Association of Public Insurance Adjusters, Inc

DOCUMENT NUMBER: N93000004374

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

Please return all correspondence concerning this matter to the following:

NANCY DOMINGUEZ

(Name of Contact Person)

FLORIDA ASSOCIATION OF PUBLIC INSURANCE ADJUSTERS, INC

(Firm/ Company)

9100 SOUTH DADELAND BLVD, SUITE 1500

(Address)

MIAMI, FL 33156

(City/ State and Zip Code)

ADMINISTRATOR@FAPIA.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

866NANCY DOMINGUEZ

866

235-6489

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED

2019 JUN 17 AM 11:57

Articles of Amendment  
to  
Articles of Incorporation  
of

Florida Association of Public Insurance Adjusters, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N93000004374

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

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TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

*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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
X Add	SV	Sally Smith

Type of Action  
(Check One)

Title

Name \_\_\_\_\_

Address

1)        Change  
     <sup>X</sup>  
            Add  
                     Remove

D

Nancy Dominguez

9100 South Dadeland Blvd

Suite 1500

Miami, FL 33156

2) ☐ Change  
☐ Add  
☐ Remove

3 ) ☐ Change  
☐ Add  
☐ Remove

4) ☐ Change  
☐ Add  
☐ Remove

5) \_\_\_\_\_ Change  
 \_\_\_\_\_ Add  
 \_\_\_\_\_ Remove

6) ☐ Change  
☐ Add  
☐ Remove

[illegible]

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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated June 7, 2019 \_\_\_\_\_

Signature:  \_\_\_\_\_  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

KAREN SCHIFFMILLER  
\_\_\_\_\_  
(Typed or printed name of person signing)

VICE - PRESIDENT  
\_\_\_\_\_  
(Title of person signing)