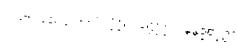
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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

FLORIDA AS NAME OF CORPORATION:	SSOCIATION OF PUBLIC I	NSURANCE AD	JUSTERS, INC
N93000004374 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for filing.	-	
Please return all correspondence concerning thi	s matter to the following:		
NANCY DOMINGUEZ. MANAGING DIREC	CTOR		
	(Name of Contact Per	son)	
FLORIDA ASSOCIATION OF PUBLIC INSU	JRANCE ADJUSTERS		
	(Firm/ Company)		
9100 SOUTH DADELAND BLVD, SUITE 15	600		
	(Address)		
MIAMI. FL 33156			
	(City/ State and Zip C	ode)	
ADMINISTRATOR@FAPIA.NET			
E-mail address: (to b	oe used for future annual rep	ort notification)	· - · ·
For further information concerning this matter,	please call:		
NANCY DOMINGUEZ	at		35-6489
(Name of Contact l			Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida E	epartment of Stat	re:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of \$		Certificate Certified	e of Status Copy al Copy is
Mailing Address		et Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

FLORIDA ASSOCIATION OF PUBLIC INSURANCE ADJUSTERS, INC.

(Name of Corporation as currently filed with the Florida l	Dept. of State)			
N93000004374				
(Document Numb	er of Corporation (if	known)		
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i> a	For Profit Corporation adopts the	follow	ving
A. If amending name, enter the new name of the corporat	tion:			
n/a			The n	iew
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporat	ed" or the abbreviation "Corp." o	r "Inc	c. ''
B. Enter new principal office address, if applicable:	n/a		989	=' ≤',,
(Principal office address <u>MUST BE A STREET ADDRESS</u>) _{n/a}			150 H
	n/a		<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a		PM	
	n/a		28	; 4
	n/a			
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		a, enter the name of the		
n/a				
Name of New Registered Agent: 11/a	•			
New Registered Office Address:		(Florida street address)		
n/a		n/a		
<u></u>	(City)	, Florida (Zip Code)		—
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	l Agent: miliar with and acce	pt the obligations of the position.		
S	ignature of New Reg	istered Agent, if changing		

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 = Trustec; 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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	VP	Michael Capilli	1528i Resolute Street Celebration, FL 34747
2) Change Add	<u>Treasure</u>	Joseph Connelly	4365 SW Thicket Court Palm City, FL 34990
Remove Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add		<u> </u>	
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
n/a			

n/a						
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					····	
The date of each amendment date this document was signed.	(s) adoption: 4-6-	2020				, if other than the
Effective date if applicable:	4-6-2020					
	(no mo	re than 90 days o	ifter amendment,	file date)		
Note: If the date inserted in the document's effective date on the	is block does not n ne Department of S	neet the applicab tate's records.	le statutory filing	requirements, thi	is date will not b	e listed as the
Adoption of Amendment(s)	(<u>CHE</u>	CK ONE)				
☐ The amendment(s) was/was/were sufficient for ap		members and the	e number of votes	s cast for the ame	ndment(s)	

Datec Signa	$\overline{-\sqrt{n}}$
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	nancy dominguez