

P030000328/3

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

T. Roberts FEB 25 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2008

MARIA SHALACK  
AMERILOSS PUBLIC ADJUSTING CORP.  
1440 JF KENNEDY CSWY #210  
N BAY VILLAGE, FL 33141

SUBJECT: AMERILOSS PUBLIC ADJUSTING CORP.  
Ref. Number: P03000032813

We have received your document for AMERILOSS PUBLIC ADJUSTING CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Todd Shalack must sign below in the space provided as registered agent.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 608A00009388

RECEIVED  
2008 FEB 25 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Ameriloss Public Adjusting Corp.  
(Name of Corporation)

DOCUMENT NUMBER: P03 000032813

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Shalack  
(Name of Contact Person)

Ameriloss Public Adjusting Corp.  
(Firm/Company)

1440 JFK CSWY # 210  
(Address)

N. Bay Village FL 33141  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Shalack at ( 305 ) 9625349  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ameriloss Public Adjusting Corp.
2. The principal office address: 1440 JF Kennedy Cswy #210  
North Bay Village FL 33141
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/18/03 Document number: P03000032813

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Todd J. Shalack  
5101 Collins Ave #9N  
Miami Bch, FL 33140

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Todd J. Shalack  
1440 JF Kennedy Cswy #210  
(P.O. Box NOT acceptable)  
North Bay Village FL 33141

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer or director)

Maria Shalack - Co-president  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature] 2/19/08 2/7/08  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314