Po4000057852

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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1020/12

COVER LETTER

Amendment Section **Division of Corporations**

	ATION: Professiona		rices, Inc			
DOCUMENT NUMB	ER: P0400005785	2				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.				
Please return all corres	pondence concerning this mat	ter to the following:				
	Sharon F. Cline					
•		Name of Contact Person				
	Professional Adju	sting Services, I	nc			
•		Firm/ Company				
	6586 Hypoluxo R	oad, Suite <i>බ</i> ට	3			
•		Address				
	Lake Worth, Florida 33467					
·		City/ State and Zip Code	•			
sha	ron@pasi.biz					
<u></u>	— .	ed for future annual report	notification)			
For further information	concerning this matter, please	e call:				
Sharon F. Cli	ne	at (561	_ ₎ 674-0071			
Name of Contact Person		Area Coo	de & Daytime Telephone Number			
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	rtment 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)			
Ame Divi P.O.	ling Address andment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation

FILE	0
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Professional Adjusting S	ervices Inc	prida Dept. of State) 314 NOV 29 PM 3: 52
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)
P04000057852		SECRETARY OF STATE SECRETARY OF STATE Known) TALLAHASSEE: FLORIDA
(Documen	t Number of Corporation (if	known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6586 Hypoluxo Road, Suite 333
		Lake Worth, Florida 33467
C. Enter new mailing address, if appli	cable:	CSOC Librarian & Daniel Cuita 200
(Mailing address MAY BE A POST	OFFICE BOX)	6586 Hypolox & Road, Suite 333
		Lake Worth, Florida 33467
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent		
	6586 Hypoluxo I	Road, Suite 승ວ
	(Florida stre	
New Registered Office Address:	Lake Worth	Florida 33467
ANT AND DESCRIPTION OF THE COLOR	(City)	(Zip Code)
	· · · • &	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		rith and accept the obligations of the position.
O:	gnature of New Registered A	gant if changing
ادر	grandre of trem registered A	Born, y visanging

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 <math>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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_	**************************************	<u>, , , , , , , , , , , , , , , , , , , </u>
Remove				
6) Change		_		
Add				
Remove				

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an amendment provides for a	<u>ne amendment if n</u>	ot contained in the	ne amendment itseli	i mares
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The date of each amendment(s) adoption: November 1, 2012
Effective date if applicable: November 1, 2012
(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 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)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated November 1, 2012
Signature X Man CM
(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)
Sharon F. Cline
(Typed or printed name of person signing)
President
(Title of person signing)