

P04000068376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

None OK



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ActiveFilings

Business Formation Services

## Transmittal Letter

Type of Request:

☐ Expedited ☒ Normal

Date: Jun 19, 2006

Department of State  
Division of Corporations,  
P.O. Box 6327  
Tallahassee, 32314, FL

**Subject:**  
**Statewide Administrators, Inc.**

### SUBMITTERS INFORMATION

Account #

Company Name: Active Filings LLC  
Return Address: 18100 W. Dixie Hwy. Suite 202, Miami, FL 33160-2058  
Contact Person: Robert Neuberger / Stephanie Francis  
Phone number : 1-800-609-2521 x703 Fax number: 305-402-2248  
Email address: Operations@activefilings.com

### DOCUMENT FILING REQUEST INFORMATION

Company Name: Statewide Administrators, Inc.  
File Number: P04000068376  
Type of Filing: Articles of Amendment Reservation #

### PAYMENT INFORMATION

Amount to pay: \$35.00  
Payment method : ☐ Credit Card ☒ Check

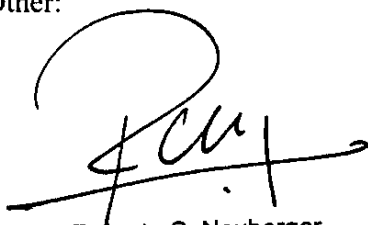
### FILING INSTRUCTIONS / COMMENTS

Please be so kind to return proof of filing by mail.

### METHOD OF RETURN

☐ Messenger / Pick up  
☐ Courier service: FedEx / DHL / UPS Account Nbr:  
☒ Regular Mail (please use the pre-addressed envelope)  
☐ Other:

Sincerely,



Roberto C. Neuberger  
Managing Member  
Active Filings LLC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Statewide Administrators, Inc.

**DOCUMENT NUMBER:** P04000068376

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

Please return all correspondence concerning this matter to the following:

Roberto Neuberger

(Name of Contact Person)

Active Filings LLC

(Firm/ Company)

18100 W Dixie Hwy Suite 202

(Address)

Miami, FL 33160

(City/ State and Zip Code)

For further information concerning this matter, please call:

Roberto Neuberger

(Name of Contact Person)

at ( 305 ) 792-0888

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

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TALLAHASSEE, FLORIDA

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(continued)

The date of each amendment(s) adoption: June 13, 2006

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s)      **(CHECK ONE)**

- ☐ The amendment(s) was/were approved 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)"

- ☒ 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.

Signature

Darryl Dawkins

(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)



Darryl Dawkins

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**