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TALLAHASSEE, FLORIDA

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of Amount

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ist Coest	Adiusters
NAME OF CORPORATION:		<u> </u>
DOCUMENT NUMBER: PO	4000131107	
The enclosed Articles of Amendment and fed	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
John	inn Sowm ne of Contact Person)	<u> </u>
(Nan	ne of Contact Person)	
First	(o=3+ A)	usters.
•	(Firm/ Company)	
P. O.	30x 4903 (Address)	35
	(Address)	
Jix	FL 32	240
(City	/ State/ and Zip Code)	 _
For further information concerning this matter	er, please call:	
Tohann Bowma (Name of Contact Person)	n at (904)	249.2997
(Name of Contact Person)	(Area Code & Day	ytime Telephone Number)
Enclosed is a check for the following amoun	t:	
\$35 Filing Fee S43.75 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	on Amendment Section	

Tallahassee, FL 32399

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Articles of Amendment
to
Articles of Incorporation of
First Const Adjusters, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)
P04000131107 FE B
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation: NEW CORPORATE NAME (if changing):
Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Please add Hannah Addington as a principal to this corporation known as First Coast Adjusters. Her role in the company will Vice President. Hannah will be an officer
a principal to this corporation
known as First loss Adjusters.
Her role in the company will Vice
President. Hannah Will be an officer
in This company. She can be
contacted using the same business
contacted using the same business address.
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

·
The date of each amendment(s) adoption: 5.18.05
Effective date if <u>applicable</u> : 5.18.05 (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 as shareholder action was not required.
Signed this 18 day of May, 2005.
Signature
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
CFO
(Title of person signing)

FILING FEE: \$35