

P04000159025

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Am L
12/31/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Burke & Burke Insurance Investigations Incorporated

DOCUMENT NUMBER: P04000159025

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

Please return all correspondence concerning this matter to the following:

Edward M. Burke

Name of Contact Person

Burke & Burke Insurance Investigations Incorporated

Firm/ Company

8668 Navarre Parkway #148

Address

Navarre, Florida 32566

City/ State and Zip Code

eburke_54@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward M. Burke

Name of Contact Person

at (850) 375-2339

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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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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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Vickie P. Burke		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Sec/Treas	Jim W. Perritt		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
President	Edward M. Burke		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

Please add the following officers to Burke & Burke Insurance Investigations, Inc.

Erin E. Burke.....Vice President

Teresa P. Spurgeon.....Secretary/ Treasurer

The date of each amendment(s) adoption: December 22, 2009

Effective date if applicable: December 22, 2009 *(date of adoption is required)*

(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)

☐ 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 December 22, 2009

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)

Edward M. Burke

(Typed or printed name of person signing)

President

(Title of person signing)