

P05000056670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

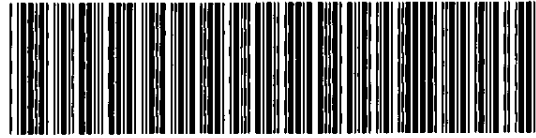
(Business Entity Name)

(Document Number)

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04/14/08--01006--007 \*\*35.00

RECEIVED  
08 APR 14 AM 10:42  
OFFICE OF CORPORATIONS  
DIVISION OF REVENUES  
TALLAHASSEE, FLORIDA

FILED  
08 APR 15 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend*  
G. Ouffette APR 15 2008

**LAZARUS**  
**CORPORATE FILING SERVICE**  
**3320 SW 87<sup>TH</sup> AVENUE**  
**MIAMI, FL 33165**  
**305-552-5973**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. ALL STATE PUBLICS ADJUSTERS, Inc  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time 2.00     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

**NEW FILINGS**

- Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other

**AMENDMENTS**

- Amendment  
 Resignation of R.A., Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Merger

**OTHER FILINGS**

- Annual Report  
 Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 APR 15 AM 10:56

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

April 14, 2008

LAZARUS

MIAMI, FL

SUBJECT: ALLSTATE PUBLIC ADJUSTERS, INC  
Ref. Number: P05000056670

We have received your document for ALLSTATE PUBLIC ADJUSTERS, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2006 annual report. The entity must be reinstated before this document can be filed.

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) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 208A00021945

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

P05000056670

ALL STATE Public Adjusters

(present name)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 15 PM 1:05

FILED

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

change of address to

P.O. Box 144859

Coral Gables, FL 33114

MAILING ADDRESS

SECOND: 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, are as follows:

THIRD: The date of each amendment's adoption: 4 - 9 - 08

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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.

Signed this 9th day of April, 2008

Signature \_\_\_\_\_

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

[Signature]  
\_\_\_\_\_  
Typed or printed name

Valentin Lopez / Director  
\_\_\_\_\_  
Title