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#### **COVER LETTER**

Division of Corporations 3 Catastrophe Team Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

### **Mailing Address**

TO: Amendment Section

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

(Additional Copy is enclosed)

## Articles of Amendment

to

# Articles of Incorporation

of

U.S. Catastrophe Team	I, Inc.
(Name of Corporation as currently filed with the Florida D	ept. of State)
(Document Number of Corporation (if known)	)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	<b>Profit Corporation</b> adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A word "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	\$\langle \sigma \frac{\pi}{2} \sigma \frac{\pi}{2}
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	0:15
D. If amending the registered agent and/or registered office address in F new registered agent and/or the new registered office address:	iorida, enter the name of the
Name of New Registered Agent	
(Flòridà streèt addre	uss)
New Registered Office Address:	, Florida
(City)  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and	(Zip Code)  accept the obligations of the position.
Signature of New Registered Agent, if	changing

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 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> <u>J</u>	lohn Doe		
X Remove	<u>v</u> <u>v</u>	Mike Jones		
X Add	<u>sv</u> s	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	VP	Kimberlance	43 Colony St	
Add		williams	St. Augustine, Fl 32.009	
Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			- Air North Acad Madell	
6) Change				
Add				
Remove				

If amending or adding additional Arti	icies, enter change(s) nere:
Attach additional sheets, if necessary).	(Be specific)
····	
W	
	,
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NIA	

The date of each amendment(s) adoption: HOVEM ber 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
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 11 1 2012
Signature Howard
(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)
Lisa Jarrett
(Typed or printed name of person signing)
<u> Yresident</u>
(Title of person signing)