P06000081553

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | ⇒ #) |
| | WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

SEP 1 2 2013

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | TION: Wynne Adj | usting Services, | Inc. |
|--|---|--|--|
| DOCUMENT NUMBER | R: P0600008155 | 3 | <u>-</u> |
| The enclosed Articles of | Amendment and fee are su | bmitted for filing. | |
| Please return all correspo | ndence concerning this ma | tter to the following: | |
| J | ohn Wynne | | |
| _ | | Name of Contact Person | 1 |
| <u>v</u> | Vynne Adjusting | Services, Inc. | |
| | | Firm/ Company | |
| 1 | 002 S.W. 14th S | Street | |
| | •••• | Address | _ |
| В | oca Raton, FL 3 | 33486 | |
| | | City/ State and Zip Code | e |
| wynr | eadjusting@yal | noo.com | |
| | | sed for future annual report | notification) |
| For further information co | oncerning this matter, pleas | se call: | |
| John Wynne | | _{at (} 561 | 901-6569 |
| Name of (| Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for the | ne following amount made | payable to the Florida Depa | artment 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 | | Amend Divisio | Address Iment Section on of Corporations Building Executive Center Circle |

Articles of Amendment to Articles of Incorporation of

| 13 SEP -3 PM 2 |
|-------------------|
| 13 SEP -3 PM 2:45 |
| PM 2:45 |

| Wynne Adjusting Services Inc | · /• | | U | PM 2:45 |
|--|--|--|--------------------------------------|--------------------------|
| (Name of Corporation as currently | y filed with the Florida Dep | t. of State) | - | 1 45 |
| P06000081553 | | | | |
| (Document Number | of Corporation (if known) | | | |
| Pursuant to the provisions of section 607.1006, Florts Articles of Incorporation: | rida Statutes, this <i>Florida Pro</i> | ofit Corporation ado | pts the following | amendment(s) |
| A. If amending name, enter the new name of the | corporation: | | | |
| Wynne Claims Adjusting Service | ces, Inc. | | 7 | The new |
| name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t | orp," "Inc," or "Co". A pr | any," or "incorpor ofessional corporati | ated" or the abb ion name must co | previation ontain the |
| B. <u>Enter new principal office address, if applical</u> Principal office address <u>MUST BE A STREET A</u> | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | | | | |
| (Mauing address <u>MAT BE A POST OFFICE I</u> | <u></u> | | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered. | | ida, enter the name | of the | |
| Name of New Registered Agent | | . | | |
| | (Florida street address) | | | |
| | | 101 and dia | | |
| New Registered Office Address: | | , Florida | (Zip Code) | |

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> | John Do | <u>oe</u> | |
|-------------------------------|--------------|-------------|-------------|-----------------|
| X Remove | <u>v</u> | Mike Jo | ones | |
| _X Add | <u>sv</u> | Sally Sr | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | <u></u> |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | <u> </u> |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| | or adding addit tional sheets, if ne | cessary). (| Be specific) | | | |
|-------------------------|---|---------------------------------------|---------------------------------------|----------------|---------------|------|
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| i an amend | lment provides for implementing | g the amend | ment if not co | ntained in the | amendment its | elf: |
| <u>provisions</u> | applicable, indica | ite N/A) | | | | |
| provisions (if not o | | | | | | |
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| provisions (if not | | | | | | |

| The date of each amendment(s) adoption: | , if other than the |
|--|---------------------|
| date this document was signed. Effective date if applicable: 9/1/13 | |
| (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" | |
| 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 8/28/13 | |
| 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) | |
| John Wynne | |
| (Typed or printed name of person signing) | _ |
| President | |
| (Title of person signing) | _ |