

P 07000121386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Ann
12/30/08*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: All Star Public Insurance Adjusters Inc. ■

DOCUMENT NUMBER: P07000121386 ■

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

Please return all correspondence concerning this matter to the following:

Ulises Serpa
(Name of Contact Person)

All Star Public Adjusters
(Firm/ Company)

4041 SW Bamberg Street
(Address)

Port St. Lucie, FL 34953
(City/ State and Zip Code)

For further information concerning this matter, please call:

Raul Santovenia at (786) 318-8989
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2008

ULISES SERPA
4041 SW BAMBERT STREET
PORT ST. LUCIE, FL 34953

SUBJECT: ALL-STAR PUBLIC INSURANCE ADJUSTERS INC.
Ref. Number: P07000121386

We have received your document for ALL-STAR PUBLIC INSURANCE ADJUSTERS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 608A00060318

Articles of Amendment
to
Articles of Incorporation
of

All-STAR Public Insurance Adjusters Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000121386

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

14925 SW 48th Terrace

Unit H

Miami, FL 33185

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

14925 SW 48th Terrace

Unit H

Miami, FL 33185

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TALLAHASSEE, FLORIDA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Raul Santovenia

New Registered Office Address:

14925 SW 48th Terrace Unit H

(Florida street address)

Miami

(City)

Florida 33185

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PD</u>	<u>Ulises Serpa</u>	<u>4041 SW Bamberg St.</u> <u>Port St. Lucie, FL 34953</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PD</u>	<u>Raul Santovenia</u>	<u>14925 SW 48th Terrace</u> <u>Unit H</u> <u>Miami, FL 33185</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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)

The date of each amendment(s) adoption: 11-14-08

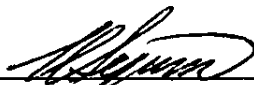
Effective date if applicable: 11/30/2008
(no more than 90 days after amendment file date)

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 11/14/2008

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)

Ulises Serpa
(Typed or printed name of person signing)

President
(Title of person signing)