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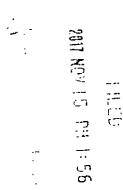
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CENTURY ADJU	STING, INC.	
DOCUMENT NUM	IBER: P08000016675		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
	DANIEL MASSO		
		Name of Contact Person	1
	CENTURY ADJUSTING AT	ND ASSOCIATES, INC.	
		Firm/ Company	
	8100 SW 81ST DRIVE, SUI	TE 230	
		Address	
	MIAMI, FL 33143		
		City/ State and Zip Cod	e
DM	@CENTURYADJUSTING.CC	DM	
	_	sed for future annual report	notification)
	.		
For further informati	on concerning this matter, pleas	se call:	
DANIEL MASSO Name of Contact Person		at (401-8754
		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the 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)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations		Ameno Divisio	Address Imment Section on of Corporations Building
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILFO 2017 NOV 15 PK 1:56

(Name of Corporation as currently file P08000016675		
P08000016675	led with the Florida Dept. of State)	
106000710073	× ¹	
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
CENTURY ADJUSTING AND ASSOCIATES, INC.	The new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.A.	". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	8100 SW 81ST DRIVE, SUITE 230	
In the second se	MIAMI, FL 33143	
- -		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8100 SW 81ST DRIVE, SUITE 230	
· · · · · · · · · · · · · · · · · · ·	MIAMI, FL 33143	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	
N/A		
	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent		
	address)	
Name of New Registered Agent (Florida street New Registered Office Address:	address)	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
N/A Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	_		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kenjove			
6) Change			
Add			
Remove			

E. <u>If ame</u> (Attacl	ending or adding additional Articles, enter change(s) here: a additional sheets, if necessary). (Be specific)
N/A	
	
-	
•••	
	
pro	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A	

N/A
The date of each amendment(s) adoption:, if other than the
date this document was signed.
N/A Effective date if applicable:
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.
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.
11/10/2017
Dated
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
Signature (By a director, president or other officer – if directors or officers have not been
(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 tiduciary)
appointed redeatily by that hedders,
DANIEL MASSO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)