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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CENTURY ADJU	STING , INC			
	DOCUMENT NUMBER: P08000016675				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Marcelino Piz				
-	Name of Contact Person				
	Century Adjusting, Inc.				
		Views (Company			
	15349 CW/ 173 C	Firm/ Company			
	15248 SW 167 Street				
	Address				
	Miami, Fllorida 33187				
-		City/ State and Zip Code	e		
mpız@	Dprincetonchristian.org				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Michael Schiffrin		at (<u>305</u>	200-8675		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:		
S35 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)		
	ing Address	Street	Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations			
Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

· Articles of Amendment to Articles of Incorporation of

	Articles of I	Amendment to ncorporation of	of State)
CENTURY ADJUSTING, INC.			
(Name	of Corporation as currer	ntly filed with the Florida Dept. o	of State)
P08000016675			F. Z.
	(Document Number	of Corporation (if known)	657 EE
Pursuant to the provisions of section 60' its Articles of Incorporation:	7.1006, Florida Statutes, thi	s Florida Profit Corporation ado	ots the following amendment(s) to
A. If amending name, enter the new r	name of the corporation:		
name must be distinguishable and co. "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	nation "Corp." "Inc." or	"Co". A professional corporation	The new ted" or the abbreviation on name must contain the
B. Enter new principal office address, if applicable:		c/o Marcelino Piz	
(Principal office address MUST BE A.S	STREET ADDRESS)	15248 SW 167 Street	
		Miami, Florida 33187	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		c/o Marcelino Piz	
		15248 SW 167 Street	
		Miami, Florida 33187	
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office add w registered office addres	Iress in Florida, enter the name o	of the
Name of New Registered Agent	Marcelino Piz		
	15248 SW 167 Street		
	(Florida s	treet address)	
New Registered Office Address:	Miami		lorida
		(City)	(Zip Code)
Now Designationed Assessing City Assessing			
New Registered Agent's Signature, if c hereby accept the appointment as regis	nanging Kegistered Agen tered agent. I am Jamiliar	I: with and accept the obligations of	the position.
	1e		,
	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.

X Change	<u>PT</u>	John De	<u>ne</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P	_	Marcelino Piz	15248 SW 167 Street
X Add				Miami, Florida 33187
Remove				
2) Change	P	_	Daniel Masso	8100 SW 81 st Drive
Add				Suite 230
X Remove				Miami, Florida 33143
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

f amending or adding additional Attach additional sheets, if necessary)	i). (Be specific)
in amendment provides for an auch	No.
state and the state of the sine	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days ofter amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	oproved by the shareholders through voting groups. The following statement ir each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
action was not required.	opted by the incorporators without shareholder action and shareholder	
Signature		
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Marcelino Piz	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	