Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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COR AMND/RESTATE/CORRECT OR O/D RESIGN BUILDING BLOCK PUBLIC ADJUSTERS, P.A.

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: Building B	lock Public Adjusters, P	P.A
DOCUMENT N	umber: <u>P0900001</u> 4	1723	
The enclosed Arti	icles of Amendment and fee a	are submitted for filing.	
Please return all c	orrespondence concerning th	is matter to the following:	
		Barbara Dang	
	(Name	of Contact Person)	
		_egalzoom.com, Inc. rm/ Company)	
	100 W.	Broadway Suite 100	
		(Address)	
For further inform		endale, CA 91210 tate and Zip Code) please call:	
Olov	Barbara Dang	at (323)962-860	00 x7950 ne Telephone Number)
`		(Area Code & Daytin	
\$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)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



Building Block Public Adjusters, P.A.
(Name of Corporation as currently filed with the Florida Dept. of State)

P09000014723

(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:

Building Block Adjusters, Inc.		
The new name must be distinguishable an "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.," or the designation	n "Corp," "Inc," or
B. Enter new principal office address, if appli	icable:	
(Principal office address <u>MUST BE A STREE</u>]		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC		
	and the same of th	<u> </u>
D. If amending the registered agent and/or re		enter the name of the
new registered agent and/or the new regist	tered office address:	
Name of New Registered Agent:	Mark 200 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
New Registered Office Address:	(Florida street address)	
		. Florida
_	(City)	(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

removed :		ors, enter the title and name of each of each Officer and/or Director being	
<u>Title</u>	Name	<u>Address</u>	Type of Action
			
			☐ Add ☐ Remove
provis (if		schange, reclassification, or cancellatendment if not contained in the ame shall be: Insurance Adjusting	
			

Page 2 of 3

Th	e date of each amendment	(s) adoption: <u>01/17/2012</u>	
EA	ective date <u>if applicable</u> :	(no more than 90 days after a	mendment file date)
Ad	option of Amendment(s)	(CHECK ONE)	
0	The amendment(s) was/we by the shareholders was/we		The number of votes cast for the amendment(s
			s through voting groups. The following stateme I to vote separately on the amendment(s):
	"The number of votes	cast for the amendment(s) was/	were sufficient for approval
	by	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	The amendment(s) was/we action was not required.	re adopted by the board of direc	ctors without shareholder action and shareholde
	The amendment(s) was/we action was not required.	re adopted by the incorporators	without shareholder action and shareholder
	Dated(01/20/2012	- h. (2)
	(By		fficer – if directors or officers have not been the hands of a receiver, trustee, or other court y)
			tin A. Block
		(Typed or printed	name of person signing)
			President
		(Title of per	son signing)