

P09000028212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

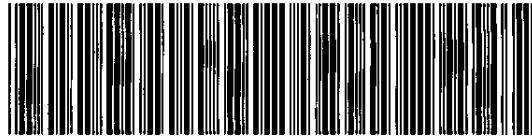
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400155743184

05/12/09--01018--014 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 28 AM 8:57

Amend
C.COULLIETTE

MAY 28 2009

EXAMINER

Assurance and Construction Consulting, Inc.

1515 CR 210 West, Suite 210
Jacksonville, FL 32259

Phone: (904) 635-5558
Fax: (904) 429-0247
Assurance.consulting@yahoo.com

Memorandum:

To: Division of Corporations, Amendment
Section

From: Rhapsody Stewart

Re: Articles of Corrections – Assurance and
Construction Consulting, Inc.

Date: April 2, 2009

Division of Corporations:

Please find enclosed Articles of Corrections for Assurance and Construction Consulting, Inc. There was an inaccuracy on the address while filing with the Florida Department of State.

Also, enclosed is a check in the amount of \$35.00 for filing fees.

Thank you. If you should have any questions, please feel free to contact Peter or myself in the office.

Best regards,

Rhapsody Stewart

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Assurance and Construction Consulting, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PD9000028212

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Kessler
(Name of Contact Person)

Assurance and Construction Consulting, Inc.
(Firm/Company)

1515 CR 210 West, Ste. 210
(Address)

Jacksonville, FL 32259
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Kessler at (904) 635-5585
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

May 19, 2009

PETER KESSLER
ASSURANCE AND CONSTRUCTION CONSULTING
1515 CR 210 WEST, STE 210
JACKSONVILLE, FL 32259

SUBJECT: ASSURANCE AND CONSTRUCTION CONSULTING, INC.
Ref. Number: P09000028212

We have received your document for ASSURANCE AND CONSTRUCTION CONSULTING, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 609A00016962

RECEIVED
2009 MAY 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
P13-1
42!

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Assurance and Construction Consulting, Inc.

DOCUMENT NUMBER: P09000028212

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

Please return all correspondence concerning this matter to the following:

Peter A. Kessler

Name of Contact Person

Assurance and Construction Consulting, Inc.

Firm/ Company

1515 County Road 210 West, Suite 210

Address

Jacksonville, Florida 32259

City/ State and Zip Code

peter@surety-bonding.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter A. Kessler

Name of Contact Person

at (904)

635-5558

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

*please see
attached letter-
payment sent previously!*

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

Articles of Amendment
to
Articles of Incorporation
of

Assurance and Construction Consulting, Inc.

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

P09000028212

(Document Number of Corporation (if known))

RECEIVED
DIVISION OF CORPORATIONS
09 MAY 28 AM 8:54

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)

1515 County Road 210 West
Suite 210
Jacksonville, Florida 32259

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

1515 County Road 210 West
Suite 210
Jacksonville, Florida 32259

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:

New Registered Office Address:

1515 County Road 210 West, #210
(Florida street address)

Jacksonville, Florida 32259
(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

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>
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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)

N/A

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)

N/A

The date of each amendment(s) adoption: March 27, 2009

Effective date if applicable: March 27, 2009
(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 May 22, 2009

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)

Peter A. Kessler

(Typed or printed name of person signing)

President

(Title of person signing)