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PICK-UP	☐ WAIT	MAIL
(i	Business Entity Name)	
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: F.C.I. Fraudulent (	Claims Investigations	
	IBER: P09000066304		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Sally Anleu		
	-	Name of Contact Person	1
	F.C.I. Fraudulent Claims Inv	estigations	
		Firm/ Company	-
	310 E Jefferson Street	, ,	
		Address	
	Brooksville, FL 34601		
		City/ State and Zip Code	2
sanl	eu@fciinvestigations.com		
	-	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Sally Anleu		at ( <sup>352</sup>	410-1467
Namo	of Contact Person		de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐S43.75 Fiting 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)
An Di	niling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address ment Section n of Corporations Building
Ta	lahassee FL 32314		venutive Center Circle

Tallahassee, FL 32301



July 30, 2019

SALLY ANLEU 310 E. JEFFERSON STREET BROOKSVILLE, FL 34601

SUBJECT: F.C.I. FRAUDULENT CLAIMS INVESTIGATIONS INC

Ref. Number: P09000066304

We have received your document for F.C.I. FRAUDULENT CLAIMS INVESTIGATIONS 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L99000006878 - FCI, L.C..

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 419A00015530

## Articles of Amendment to Articles of Incorporation

F.C.I. Fraudulent Claims Investigations Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P09000066304 (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: Investigantions Inc 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: (City) 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)

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 = Chie 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.

Mike Jones, v as Kemove	r, ana Sat	Smith, SV as an Add.		
Example: X Change	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change				<del></del>
Add				<del></del>
Remove				
2) Change	<del></del> -			
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
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Remove				
5) Change			<del></del>	
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6) Change				
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Remove				- <del></del>

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f an amendme	nt provides for at			Imant itaalf.	
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<u>provisions for</u>	implementing the	e amendment if not c	ontained in the amen	ment usen:	

The date of each amendment(s) a	ndoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were apmust be separately provided for	proved by the shareholders through voting groups. The following statement reach 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	
bу	(voting group)	
☐ The amendment(s) was/were acceptaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
7/19/19 Dated	<del></del>	
Signature	Sally mley	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	<del></del>
	Sally Anieu	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>