

S. PRATHER

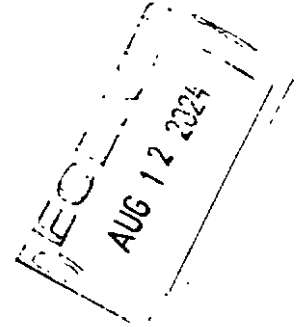


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2024

PROCOMP UNDERWRITERS, INC.  
XIOMARA SPADAFORA  
6950 PHILIPS HWY, STE 46  
JACKSONVILLE, FL 32216

SUBJECT: PROCOMP PAYROLL SERVICES, INC.  
Ref. Number: W24000107669



We have received your document for PROCOMP PAYROLL SERVICES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

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) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 924A00016618

## COVER LETTER

Department of State  
Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: ProComp Underwriters, Inc.

CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

☐ \$35.00  
Filing Fee

☐ \$43.75  
Filing Fee  
& Certificate of Status

☐ \$43.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Jeffrey L Spadafora

Name (Printed or typed)

6950 Philips Hwy Ste 46

Address

Jacksonville, FL 32216

City, State & Zip

904-626-9522

Daytime Telephone number

jeff@zellnerinsurance.com

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

**NOTE: Please provide the original and one copy of the document.**

2024 AUG 12 PM 2:43  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

## RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation is: ProComp Payroll Services, Inc.

### ARTICLE II RESTATED ARTICLES

We have reinstated this corporation, as of yesterday and will be changing  
The text of the Restated Articles is as follows:

the name from ProComp Underwriters, Inc. to Procomp Payroll Services, Inc. We have updated the offices of  
company as of yesterday

**ARTICLE III OFFICERS AND/OR DIRECTORS (optional)**

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                      PT        John Doe

X Remove                    V        Mike Jones

X Add                        SV        Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>P</u>	<u>Jeffrey L. Spadafora</u>	<u>5304 Rising Sun Court</u>
<u>      </u> Add			<u>Saint Johns, FL 32259</u>
<u>      </u> Remove			
2) <u>X</u> Change	<u>VP</u>	<u>Xiomara Spadafora</u>	<u>5304 Rising Sun Court</u>
<u>      </u> Add			<u>Saint Johns, FL 32259</u>
<u>      </u> Remove			
3) <u>X</u> Change	<u>VP</u>	<u>Patrick Mobley</u>	<u>14341 Coral Reef S</u>
<u>      </u> Add			<u>Jacksonville, FL</u>
<u>      </u> Remove			<u>32224</u>
4) <u>X</u> Change	<u>VP</u>	<u>Max D Spadafora</u>	<u>835 May Street, Apt 3</u>
5) <u>      </u> Add			<u>Jacksonville, FL</u>
<u>      </u> Remove			<u>32204</u>
6) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
7) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			

**ARTICLE IV AMENDED REGISTERED AGENT (OPTIONAL)**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Jeffrey L Spadafora  
Address: 5304 Rising Sun Court  
Saint Johns, FL 32259

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Jeffrey Spadafora  
Required Signature/Registered Agent

08/07/2024

Date

**ARTICLE VI ARTICLE CONSOLIDATION**

These restated articles of incorporation consolidate all amendments into a single document;

**ARTICLE VII REQUIRED ADOPTION INFORMATION**

**Check if applicable:**

- ☒ The amendment(s) is/are being filed pursuant to s. 607.0120(11)€, F.S.

The date of each amendment(s) adoption is: 08-07-24  
if other than the date this document is signed.

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the incorporators, or board of director without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. Then number of votes cast for the amendment(s) by the shareholder was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting group. *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 was/were sufficient for approval by

\_\_\_\_\_  
(voting group)

**ARTICLE VIII - EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Dated: 08/07/2024

Signature: Jeffrey L Spadafora

(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)

Jeffrey L Spadafora

(Typed or printed name of person signing)

President -CEO

(Title of person signing)

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