11000049479

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N.C.

C.COULLIETTE

FEB **06** 2012

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

·
NAME OF CORPORATION: ADJUSTERS FIRST CLASS CORP
DOCUMENT NUMBER: P11000049479
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MONIQUE TRONCONE CPA
Name of Contact Person
MONIQUE TRONCONE CPA PA
Firm/ Company
55 NE 5TH AVENUE SUITE 501
Address
BOCA RATON, FL 33432
City/ State and Zip Code
monique@troncone-cpa.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MONIQUE TRONCONEat (561) 417-0308
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

0	f	
ADJUSTERS FIRST CLASS CORP		
(Name of Corporation as currently filed with the	Florida Dept. of State)	
P11000049479		
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following at	mendment(s) to
A. If amending name, enter the new name of the corporation: CONSULTANTS FIRST CLASS CORP	, Th	ne new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbr "Co". A professional corporation name must con	eviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SAME ADDRESS	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME ADDRESS	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres Name of New Registered Agent SAME		
New Registered Office Address:	treet address) , Florida	12F
(City,	, , , , , , , , , , , , , , , , , , ,	He 9-83
I hereby accept the appointment as registered agent. I am familiar		よう がん

N/A .
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 <math>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	<u>PT</u> Joh	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove		N/A-	
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or add	ding additional Arti heets, if necessary).	(Be specific)	ge(s) here:		
N/A					
· · · · · · · · · · · · · · · · · · ·					
		-			
				· · · · · ·	
					-
F. If an amendment p provisions for imp (if not applicate N/A	provides for an exchaplementing the amer ble, indicate N/A)	ange, reclassifica ndment if not con	ation, or cancel ntained in the s	llation of issued : mendment itself	shares, f:
		<u></u>			

The date of each amen	$\theta_{\text{idment(s) adoption}} = \theta_{3}/\theta_{3}/2/2$
Effective date if applic	(no more than 90 days after amendment file date)
Adoption of Amendme	ent(s) (<u>CHECK ONE</u>)
	vas/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
☐ The amendment(s) w must be separately p	vas/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):
"The number o	f votes cast for the amendment(s) was/were sufficient for approval
by	""
	(voling group)
The amendment(s) w action was not requir	vas/were adopted by the board of directors without shareholder action and shareholder red.
The amendment(s) w action was not requir	vas/were adopted by the incorporators without shareholder action and shareholder ed.
Dated	02/02/2012
Signa	
	(By a director, president or other officer – if difectors 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)
	Folando Piti
	(Typed or printed name of person signing)
	<u>President</u>
	(Title of person signing)