## P12000063683

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2012 AUG 27- PH 3: 52

8/28/12

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: BAM Claims, Inc.
DOCUMENT NUMBER: P12000062683
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
D.M. Kruchten, Esg.  Name of Contact Person
Firm/ Company
801 12 th Ave So. Ste 302 Address
Address
Naples, FL 34102 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Demon M, Kruchten Est. at (239) 776-8677  Name of Contact Person Area Code & Daytime Telephone Number
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  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314  2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

2012 AUG 27 PM 3: 52 BAM Claims

ment(s) to

(Name of Corporation as currently fil	led with the Florida Dept. of State) ALLASSEE FLORIDA
P120000	AT ANASSEL I LOMBI
(Document Number of	<del></del>
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the co	rpogation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADD	
	Riviera Beach, FL 33404
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	3040 Lakeshore Drive
	PH-5 Riviera Beach, FL 33404
D. If amending the registered agent and/or registerenew registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered agent.  I hereby accept the appointment as registered agent.	stered 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 = 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	<u>PT</u> J	John Doe	
X Remove	<u>v</u> <u>!</u>	Mike Jones	
_X Add	<u>sv</u> s	Sally Smith	
Type of Action (Check One)	Title	Name	Address
(1) Change	<u>P</u>	Cassandra Agar	6601 E. Juniper Avenue Scottsdale, AZ 85254
Add Remove			
Change  X Add	P	Dennis Agar	3040 Lakeshore Drive PH-5
Remove			Riviera Beach, FL 33404
3) Change Add			
Remove			<del></del>
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)
, , , , , , , , , , , , , , , , , , ,	
n amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
ariciane for implementing the em-	
ovisions for implementing the ame (if not applicable, indicate N/A)	enoment is not contained in the amendment user.
rovisions for implementing the amo	endment if not contained in the amendment user.
rovisions for implementing the amo	endment if not contained in the amendment itself.
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rovisions for implementing the amo	endment if not contained in the amendment itself.
rovisions for implementing the amo	endment if not contained in the amenument itself.

The date of each amendment(s) adoption	
Effective date if applicable:	8-20-12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for the amendment(s) nt for approval.
	I by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for th	e amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
50.00.00, 0)	7-20-12  as my last act us an efficer, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
<del></del>	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
•	President, as my last act as President (Title of person signing)
	(Title of person signing)