

P12000067033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

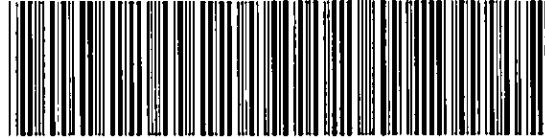
(Document Number)

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DIVISION OF CORPORATIONS  
2022 JUL -1 AM 10:59

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2022 JUL -1 PM 3:33

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. DENNIS  
JUL 05 2022

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THE ACCOUNT: I20210000160 AMOUNT: 35.00

AUTHORIZED SIGNATURE *[Signature]*

PROFICIENT PUBLIC ADJUSTERS, INC

BUSINESS

DOCUMENT #

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles

☐ Certificate of Status

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ CORP

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE ()

Country

☐ Other

**AMMENDMENTS**

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

☐ Revocation

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Proficient Public Adjusters, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P12000067033

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gerardo J. Rodriguez-Albizu, Esq.

Name of Contact Person

Rodriguez-Albizu Law, P.A.

Firm/Company

759 SW Federal Highway, Suite 203

Address

Stuart, Florida 34994

City/State and Zip Code

grodriguez@ralawpa.com

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

For further information concerning this matter, please call:

Gerardo J. Rodriguez-Albizu, Esq.

Name of Contact Person

at (772) 261-5080

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Proficient Public Adjusters, Inc.
2. The principal office address: 4602 COUNTY RD 673 16006 BUSHNELL, FL 33513
3. The mailing address (if different): 260 RAINBOW DRIVE #16006 Livingston, TX 77399-2060
4. Date of incorporation/qualification: 08/02/2012 Document number: P12000067033
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ROBERT W TRIBBLE

535 NW Twylite Terrace

Port St. Lucie, FL 34983

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rodriguez-Albizu Law, P.A.

759 SW Federal Highway Suite 203

P.O. Box NOT acceptable

Stuart, Florida 34994

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

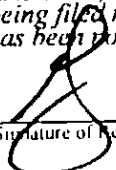
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Robert Tribble, DSPT

\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

July 1, 2022

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Gerardo J. Rodriguez-Albizu

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314