

PIB0000S1933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

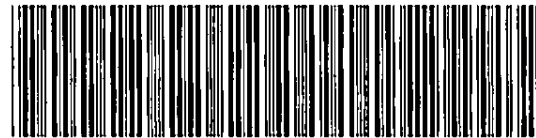
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SEP 28 2017
S. YOUNG

FILED
17 SEP 28 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2017

MARK D BOARDMAN
COUNCIL OF PROPERTY CLAIM PROFESSIONALS
1660 NORTH MAITLAND AVENUE
MAITLAND, FL 32751

SUBJECT: COUNCIL OF PROPERTY CLAIM PROFESSIONALS, INC.
Ref. Number: P13000081933

We have received your document for COUNCIL OF PROPERTY CLAIM PROFESSIONALS, 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 917A00018501

RECEIVED
17 SEP 28 AM 11:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Council of Property Claim Professionals, Inc

DOCUMENT NUMBER: p 13000081933

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark D Boardman

Name of Contact Person
Council of Property Claim Professionals, Inc.

Firm/ Company
1660 North Maitland Ave

Address
Maitland, Florida 32751

City/ State and Zip Code

mark.thecouncil@gmail.com

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

For further information concerning this matter, please call:

Mark D Boardman at (850) 450-8888

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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Council of Property Claim Professionals Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

p13000081933

(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:

N/A The new 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**)

1660 North Maitland Ave

Maitland, Florida 32751

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 941978

Maitland, Florida 32794

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

Mark Dimmitt Boardman

1660 North Maitland Ave

(Florida street address)

New Registered Office Address:

Maitland

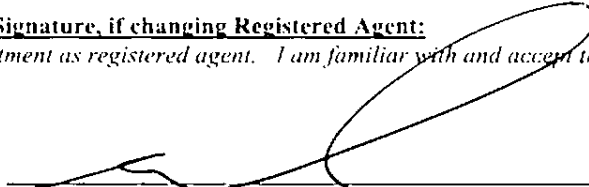
(City)

Florida 32751

(Zip Code)

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 = 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PD</u>	<u>RAYMOND ALTIERI JR.</u>	<u>518 N TAMPA STREET</u>
<input type="checkbox"/> Add			<u>SUITE 200</u>
<input checked="" type="checkbox"/> Remove			<u>TAMPA, FLORIDA 33602</u>
2) <input type="checkbox"/> Change	<u>D</u>	<u>ANDREW J. ALTIERI</u>	<u>518 NORTH TAMPA STREET</u>
<input type="checkbox"/> Add			<u>SUITE 200</u>
<input checked="" type="checkbox"/> Remove			<u>TAMPA FLORIDA 33602</u>
3) <input type="checkbox"/> Change	<u>D</u>	<u>STEPHEN SARASOHN</u>	<u>P.O. BOX 8</u>
<input type="checkbox"/> Add			<u>BOCARATON, FLORIDA 33429</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>PATRICK GARRETT</u>	<u>11308 NORTH 53RD STREET</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			<u>TAMPA FLORIDA 33617</u>
5) <input checked="" type="checkbox"/> Change	<u>PD</u>	<u>MARK D BOARDMAN</u>	<u>1660 NORTH MAITLAND AVE</u>
<input type="checkbox"/> Add			<u>MAITLAND FLORIDA 32751</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

W/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

N/A

The date of each amendment(s) adoption: n/a, if other than the date this document was signed.

Effective date if applicable: n/a
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *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(s) was/were sufficient for approval

by _____
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 8-29-2017

Signature _____
(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)

MARK D. BEARDMAN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)