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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: UNITED A ER: P1400006094		FLORIDA, INC.
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	JULIAN S. STON	E, I	
-		Name of Contact Person	1
	UNITED ADJUST		
•		Firm/ Company	
	9855 REGENCY	SQ. BLVD #85	
-	,	Address	
	JACKSONVILLE	/ FLORIDA 322	25
		City/ State and Zip Cod	e ,
STO	ONE.JULIAN@GI	MAIL.COM	v •
· ·		ed for future annual report	notification)
• •	•	•	
For further information	concerning this matter, pleas	e call:	
JULIAN S. ST	ΓONE, Ι	at (904	, 233-1087
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment

to
Articles of Incorporation

United Adu	isters of	Florida, IN	C_{i}
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	_
	P140000	060945	
(Documer	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Clorida Profit Corporation adopts the follow	ring amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
	nation "Corp," "Inc," or "C	.T. Teompany," or "incorporated" or the Co". A professional corporation name must be A "	
B. Enter new principal office address,	if applicable:	N/A	_
(Principal office address MUST BE A S	TREET ADDRESS)		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
		. <u>-</u>	_ * * * * * * * * * * * * * * * * * * *
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of the	14 MON -14 PH 12: 54
Name of New Registered Agent	N/A		王 000
<u>Name of New Registerea Agent</u>			₹
	(Florida stree	at adduseu)	是 多
	γrioriaa siree	et auaress)	
New Registered Office Address:	(City)	Florida(Zip Code)	
	(Cny)	(Elp Gode)	
Now Desistant Anath Circutum if a	hansing Degistered Agents		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar wi	ith and accept the obligations of the position	1,
Si	gnature of New Registered Ag	gent. 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	SANOBIA M. STONE	9855 Regency Sq. Blvd
Add			#85
Remove			Jacksonville, FL 32225
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
[]			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles (Attach additional sheets, if necessary). (s, enter change(s) here:
N/A	be specifie)
· ·	
F. If an amendment provides for an exchange provisions for implementing the amendment (if not applicable, indicate N/A) N/A	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
14//	

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)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 N/A	
(voling 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 October 15, 2014	
Signature <u>Julian D. Stove</u> , <u>I</u> (By agreetor, 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)	
JULIAN S. STONE, I	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	