## P15000054946

(Re	questor's Name)	
(Ad	dress)	
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(Do	cument Number)	)
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2016 JAN -4 PH 2: 09
SECRETARY OF STATE
AND SEFF. FLORIDA

JAN 12 2016 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPOR	ATION: Adams	Insurana Solu	hory Inc.	
NAME OF CORPORATION: Adams Insurance Solutions, Inc.  DOCUMENT NUMBER: P15000054966				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
-	Robert D. A	Name of Contact Perso	n	
_	LRA CONSUL	ting INC.		
Name of Contact Person  LRA Consulting, Inc. Firm/ Company  500 Coffee Pot Riviera NE  Address			س 	
•	St. Petershing	H 3300 9 City/ State and Zip Cod	e	
	LRA CONSULTIN E-mail address: (to be us			
For further information	concerning this matter, pleas	se call;		
Robert D. Name of	Adans Contact Person	at ( <u>727</u> Area Co	366 - 6306 de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	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)	
Maili	ng Address	Street	Address	

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

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

## **Articles of Amendment**

to

## **Articles of Incorporation**

	of	
Adams I	NSUlara Solutions, INC.	
	ion as currently filed with the Florida Dept. of State)	
P150000	54966	
(Docum	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendmen	t(s) to
A. If amending name, enter the new name of the co	orporation:	•
LRA CONSULTINA	TNC. The new rd "corporation," "company," or "incorporated" or the abbuentation.	
"Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the  B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	e: SOU Coffee Pot Riviera NE  DRESS)  500 Coffee Pot Riviera NE  St. Petersburg, Fl. 33704  Ered office address in Florida, enter the name of the	- 1
Nume of their registeres rigets		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.	
Sign	nature 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	PID	Leah M. Adams	500 Coffee Pot Riviera NE
Add			St. Petusburg, FL 33704
Remove			
2) X Change	VSD	Robert D. Adams	500 Coffee Pot Riview NE 5+ Petersburg, FL 33704
Add			St Petersburg, FL 33704
Remove			
3) Change		414444-18-14-14-1-1-1-1-1-1-1-1-1-1-1-1-	
Add			
Remove			
4) Change			<del></del>
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change	***************************************		
Add			
Remove			

E. (	If amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
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)
	· · · · · · · · · · · · · · · · · · ·
_	

The date of each amendment(s) adoption:	_, if other than th
Effective date if applicable: \( \langle applicable : \( \langle applicable : \) \( \langle applicable : \( \langle applicable : \) \( \langle applicable : \) \( \langle applicable : \( \langle applicable : \) \( \langle applicable : \) \( \langle applicable : \( \langle applicable : \) \(	
(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 redocument's effective date on the Department of State's records.	iot be listed as the
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"  (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	
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)	
Robert D. Adams	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	