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SECRETARY OF STATES
TAILLAHASSEE, FLORIDA

SEP 2 7 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NATIONAL ADJ	USTERS, INC.		
DOCUMENT NUM	BER: P16000075610			
	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	BRYAN E. THOMAS			
		Name of Contact Person	n	
	NATIONAL ADJUSTERS.			
		Firm/ Company		
	21 ASHKINS DRIVE			
		Address		
	SOUTH DENNIS, MA 0266	0		
		City/ State and Zip Cod	e	
		•		
bryar	nethomas@gmail.com		_	
	E-mail address: (to be u	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call:		
DDVANC THOMAS	e.	051	900 3+57	
BRYAN E. THOMA		at () 800-3457 de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	navable to the Florida Dena	artment of State:	
		,,		
■ \$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	
	Certificate of Status	Certified Copy	Certificate of Status	
		(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy is enclosed)	
			is enclosed)	
<u>Ma</u>	iling Address	Street	Address	
Amendment Section		Amendment Section		
Division of Corporations			Division of Corporations	
	. Box 6327		Building	
Tallahassee, FL 32314 2661 Executive Center Circle		executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NATIONAL ADJUSTERS, INC.

TATIONAL ADJOSTERS, INC.			
(Name	of Corporation as currently	filed with the Florida Dept. of State)	
ρ_{1}	L006075610		
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopts the following	lowing amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
4.16			 .
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional corporation name	
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>		N \ 7	
C. Enter new mailing address, if applications (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new	OFFICE BOX) ad/or registered office addre	ss in Florida, enter the name of the	FILED SECRETARY OF STALLARIASSEE, FL
	BRYAN E. THOMAS		- 유로 튜
Name of New Registered Agent	2115 NE 14th CT		30
	(Florida stree	at addraes	
	FORT LAUDERDALE		304
New Registered Office Address:		, Florida,	(Zip Code)
	l,	-u _i y	(Esp Code)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	ered agent. I am familiar w	th and accept the obligations of the posi	tion.
	Signature of New Re	gistered 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	RENEE PEAVEY	2115 NE 14th Ct
Add			Fort Lauderdale, FL 33304
X Remove			
2) Change	P	BRYAN E. THOMAS	2115 NE 14th Ct
X Add			Fort Lauderdale FL 33304
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/4
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)
Alu

The date of each amendment(s) adoption:date this document was signed.	9-19-2017	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S	ot meet the applicable statutory filing requirements State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	shareholders. The number of votes east for the ame pproval.	endment(s)
	shareholders through voting groups. The following group entitled to vote separately on the amendmen	
"The number of votes cast for the amen	dment(s) was/were sufficient for approval	
by	ing group)	
☐ The amendment(s) was/were adopted by the baction was not required.	board of directors without shareholder action and shareholder action and shareholder action and shareholder	
action was not required.	metriporators without shareholder action and sharer	iolaci
Dated Sept.	9,2017	
Signature Revol	AParry	
	dent or other officer f if directors or officers have reporator – if in the hands of a receiver, trustee, or o by that fiduciary)	
RENEE PEA	AVEY	
	Typed or printed name of person signing)	
PRESIDEN"	Т	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·