

P93000046479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

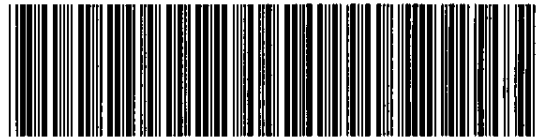
(Document Number)

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*Anna*

FILED  
09 FEB -2 PM 12:15  
CLERK OF STATE  
TAMPA FLORIDA

t Roberts FEB 03, 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2009

AMY E. GOODBLATT, ESQ.  
AMY E. GOODBLATT, P.A.  
831 IRMA AVE  
ORLANDO, FL 32803

SUBJECT: EMERGENCY INSURANCE RESTORATION SERVICES, INC.  
Ref. Number: P93000046479

We have received your document for EMERGENCY INSURANCE RESTORATION SERVICES, 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):

The registered agent must sign accepting the designation.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 809A00002602

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Emergency Insurance Restoration Services, Inc. +

**DOCUMENT NUMBER:** P93000046479 +

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Amy E. Goodblatt, Esquire  
(Name of Contact Person)

\_\_\_\_\_  
Amy E. Goodblatt, P.A.  
(Firm/ Company)

\_\_\_\_\_  
831 Irma Avenue  
(Address)

\_\_\_\_\_  
Orlando, FL 32803  
(City/ State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
Amy E. Goodblatt, Esquire  
(Name of Contact Person) at ( 407 ) 228-7007  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

**AMY E. GOODBLATT, P.A.**  
ATTORNEY AND COUNSELOR AT LAW

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831 IRMA AVENUE  
ORLANDO, FL 32803

TELEPHONE: (407) 228-7007  
FACSIMILE: (407) 244-0057  
E-MAIL: amy@agoodblatt.com

January 30, 2009

Tina Roberts  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Emergency Insurance Restoration Services, Inc.  
Ref. Number: P93000046479

Dear Ms. Roberts:

Enclosed please find the following:

1. A copy of your letter dated January 23, 2009; and
2. Articles of Amendment to Articles of Incorporation of Emergency Insurance Restoration Services, Inc.

The Articles of Amendment have now been signed by the new Registered Agent. We would appreciate you filing/recording same. Our check for \$35.00 was previously sent to you.

Please do not hesitate to call if anything else is needed. Thank you for your assistance.

Very truly yours,



Liz Torres, CP  
Paralegal to Amy E. Goodblatt  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Enclosures

RECEIVED  
2009 FEB -2 AM 8:00

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
09 FEB -2 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EMERGENCY INSURANCE RESTORATION SERVICES, INC. ■

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

P93000046479 ■

(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:**

*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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

JOHN C. ENGLEHARDT

1524 E. LIVINGSTON ST

New Registered Office Address:

(Florida street address)

ORLANDO

(City)

Florida 32803

(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)*

| <u>Title</u> | <u>Name</u>  | <u>Address</u>                   | <u>Type of Action</u>  |
|--------------|--------------|----------------------------------|--|
| P            | ROSEMIN BASS | 3037 SEIGNEURY DR<br>ORLANDO, FL | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| P            | MICAH BASS   | 6703 MOTT AVE<br>ORLANDO, FL     | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |              |                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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**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)*

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The date of each amendment(s) adoption: NOVEMBER 24, 2008

Effective date if applicable: NOVEMBER 24, 2008

(no more than 90 days after amendment file date)

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 DECEMBER 23<sup>rd</sup>, 2008

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)

ROSEMIN BASS

(Typed or printed name of person signing)

RESIGNING PRESIDENT

(Title of person signing)