## P94000043393

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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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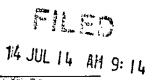
JUL 2.5 2014 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Jackson Ac	ljustment Comp	any		
DOCUMENT NUMI	BER: P9400004339	3	<u> </u>		
	of Amendment and fee are su				
Please return all corre	spondence concerning this mat	tter to the following:			
	William Piacenti				
	Name of Contact Person				
Jackson Adjustment Company					
		Firm/ Company			
	135 Middle St. Suite 1021				
		Address			
	Lake Mary, FL 32	2746			
		City/ State and Zip Cod	2		
qw	acenti@jacclaims	.com			
<u> </u>		ed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	e call:			
Della Jackson			, 601-1198		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r 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)		
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 executive Center Circle assee, FL 32301		

## **Articles of Amendment Articles of Incorporation**



## Jackson Adjustment Company

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

P94000043393

ocument Number of Cornoration (if known)	•	

nt(s) to

. If amending name, enter the new name o	of the corporation:		
N/A		···	The
ame must be distinguishable and contain t Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "C	'o". A professional corpo	porated" or the abbre pration name must conto
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		135 Middle St.	
		Suite 1021	
		Lake Mary, FL	32746
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME AS ABOVE	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		****
		ss in Florida, enter the n	ame of the
new registered agent and/or the new reg	istered office address:	ss in Florida, enter the n	ame of the
new registered agent and/or the new reg  Name of New Registered Agent  Wi	istered office address: illiam Piacenti		ame of the
new registered agent and/or the new reg Name of New Registered Agent	istered office address:	uite 1021	ame of the
Name of New Registered Agent  13	<u>istered office address:</u> illiam Piacenti 5 Middle St. S	uite 1021	ame of the

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	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Robert Jackson	135 Middle St. Suite 1021
Add			Lake Mary, FL 32746
Remove			
2) Change	VP	Della Jackson	135 Middle St Suite 1021
Add			Lake Mary, FL 32746
Remove			
3) Change	Р	William Piacenti	135 Middle St. Suite 1021
Add			Lake Mary, FL 32746
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If ameno</u> (Attach <i>a</i>	ding or adding additional Arudditional sheets, if necessary).	ticles, enter chang (Be specific)	<u>te(s) here</u> :		
N/A	······································				
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. <u>If an an</u>	nendment provides for an exc	change, reclassific	ation, or cancella	ation of issued shar	es.
<u>provisi</u> (if	ions for implementing the am not applicable, indicate N/A)	endment if not co	ntained in the an	nendment itself:	
N/A	The second secon				
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	<del>-</del> ·	·			
		<del></del>		2121	

The date of each amendmen	t(s) adoption: 4/1/2014	, if other than the
date this document was signed	l.	
Effective date if applicable:	4/1/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated	4.1.14	
Signature	La Com	
(I s	By a director, president or other officer—if directors or officers have not been elected, by an incorporator—if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	DELLA VACKSON	
	(Typed or printed name of person signing)	
	V. P.	
	(Title of person signing)	