

P960000 73379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

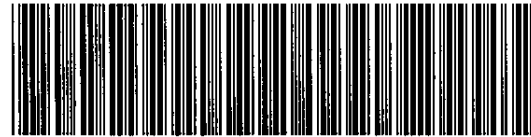
(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



500185483915

09/21/10--01014--014 **43.75

FILED

2010 NOV -4 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend & N/C

TB

NOV - 8 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DORSA CONSULTING, INC.

DOCUMENT NUMBER: P96000073379

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

Please return all correspondence concerning this matter to the following:

Lorraine Dorsa

Name of Contact Person

Beaches Actuarial Services, Inc.

Insurance Company

P.O. Box 49165

Address

Jacksonville Beach, FL 32240

City/ State and Zip Code

LORRAINE DORSA

dorsa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorraine Dorsa

Name of Contact Person

at (904)

249-9171

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address

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

October 30, 2010

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Amendment to Articles of Incorporation

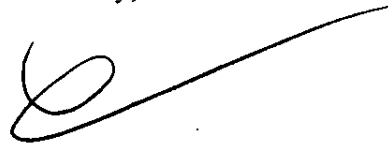
Dear Sir or Madame:

Please find the enclosed request to amend the Articles of Incorporation for Dorsa Consulting, Inc.

The company wishes to amend as follows: change name of corporation from Dorsa Consulting, Inc. to Beaches Actuarial Services, Inc.

Please direct any questions or concerns to Craig J. Martin at 904-249-9171. Thank you for your time and attention.

Sincerely,

A handwritten signature in black ink, appearing to be 'Lorraine Dorsa', written over a horizontal line.

Lorraine Dorsa

RECEIVED
10 NOV -5 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2010

LORRAINE DORSA
DORSA CONSULTING, INC.
PO BOX 49165
JACKSONVILLE, FL 32240

SUBJECT: DORSA CONSULTING, INC.
Ref. Number: P96000073379

We have received your document for DORSA CONSULTING, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is 595864 - LDA, INC.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 410A00022547

Articles of Amendment
to
Articles of Incorporation
of

DORSA CONSULTING, INC.

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

P96000073379

(Document Number of Corporation (if known))

FILED
2010 NOV -4 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Beaches Actuarial Services, Inc.

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)

822 A1A NORTH, SUITE 211

PONTE VEDRA, FL 32082

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 49165

JACKSONVILLE BEACH, FL 32240

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> 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: 10/30/10
(date of adoption is required)

Effective date if applicable: _____
(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 10/30/10

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)

Lorenza Dueser
(Typed or printed name of person signing)

President
(Title of person signing)