

P000000047335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

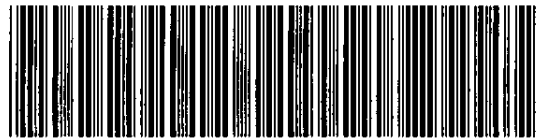
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts JAN 20, 2010

LAW OFFICES  
**PACKMAN, NEUWAHL & ROSENBERG**

SUITE 125  
1500 SAN REMO AVENUE  
CORAL GABLES, FLORIDA 33146

BRUCE BARTON PACKMAN (1943-2001)  
MALCOLM H. NEUWAHL  
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DENNIS GINSBURG  
ROBERT A. STAMEN  
LESLIE A. SHARE  
JACK D. FINKELMAN  
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SUITE 270  
2600 NORTH MILITARY TRAIL  
BOCA RATON, FL 33431  
TEL: (561) 443-7299

PLEASE REPLY TO:  
CORAL GABLES OFFICE

January 15, 2010

**CERTIFIED MAIL**

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

RE: Risk and Claim Loss Adjusters, Inc., (the "Corporation")  
Document No. P00000047335  
Our File No. 6193 A(a)

Dear Sirs:

We are enclosing the original Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced corporation together with a check in the amount of \$35.00 made payable to the Florida Department of State for the filing fees. Please process this form as soon as possible and return all correspondence concerning this matter to my attention.

If you have any questions, please do not hesitate to call me.

Very truly yours,

PACKMAN, NEUWAHL & ROSENBERG

  
OSELIA Y. ESPINAL  
Florida Registered Paralegal

OYE/

Enclosures

cc: Jack Finkelman

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Risk & Claim Loss Adjusters, Inc.
2. The principal office address: 9102 W. Bay Harbor Dr., Apt. No. 7DW, Bay Harbor Island, FL 33154
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/11/2000 Document number: P00000047335
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Atrium Registered Agents, Inc.

1500 San Remo Ave. Suite 125, Coral Gables, FL 33146

-RESIGNED-

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Pedro L. Quintero

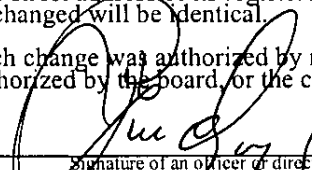
9102 W. Bay Harbor Dr., Apt. No. 7DW,

P.O. Box NOT acceptable

Bay Harbor Island, FL 33154

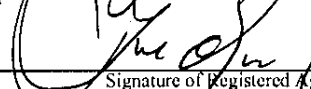
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Pedro L. Quintero, President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

01/15/10  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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10 JAN 19 PM 12:07  
TALLAHASSEE, FLORIDA