

PD4000111403

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

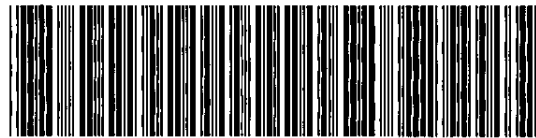
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

Amend/cc/aus  
@ 10.8.07



300109940903

10/01/07--01032--008 \*\*52.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT - 1 PM 1:45

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Paladin Claims Recovery, Inc.

**DOCUMENT NUMBER:** P04000111403

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

Please return all correspondence concerning this matter to the following:

John D. Osgathorpe  
(Name of Contact Person)

Taylor, Day, Currie, Boyd & Johnson  
(Firm/ Company)

50 North Laura St., Suite 3500  
(Address)

Jacksonville, Florida 32202  
(City/ State and Zip Code)

For further information concerning this matter, please call:

John D. Osgathorpe at ( 904 ) 356-0700  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |                                          |                                                                        |                                                                                                     |                                                                                                                                       |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input 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 checked="" 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

Articles of Amendment  
to  
Articles of Incorporation  
of

Paladin Claims Recovery, Inc.

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

P04000111403

(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:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

Change of Principal Address to: 140 Deer Haven Drive, Ponte Vedra Beach, FL 32082

Change of Mailing Address to: 140 Deer Haven Drive, Ponte Vedra Beach, FL 32082

Change of Registered Agent to: Keith Kessler, 140 Deer Haven Drive, Ponte Vedra Beach, FL 32082

Change of Officer/Director Detail to: President Keith Kessler

140 Deer Haven Drive

Ponte Vedra Beach, FL 32082

(Attach additional pages if necessary)

If an amendment provides for 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)

N/A

(continued)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT - 1 PM 1:45

The date of each amendment(s) adoption: 9/14/07

Effective date if applicable: 9/14/07  
(no more than 90 days after amendment file date)

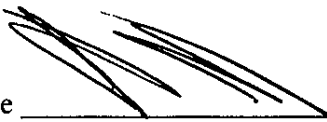
Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved 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.

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)

Keith Kessler

(Typed or printed name of person signing)

President and Majority Shareholder

(Title of person signing)

**FILING FEE: \$35**