

P08 000052585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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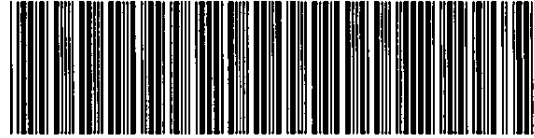
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 11 2016
C. CARROTHERS

**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: Perfect Reliable Independent Claim Services, Inc
2. The principal office address: 2546 SE 11th Street, Pompano Beach

3. The mailing address (if different): 6278 N. Federal Hwy #587
Ft. Lauderdale, FL 33308

4. Date of incorporation/qualification: 6/08/2008 Document number: P08000052585

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)

1440 Coral Ridge Dr Suite 408
Coral Ridge Coral Springs, FL 33071

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

2546 SE 11th Street
Pompano Beach, FL 33308

P.O. Box NOT acceptable

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.

Cheryl Vorcheimer
Signature of an officer or director

Cheryl Vorcheimer VIP
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

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 (03/12)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PERFECT Reliable Independent claims Services, Inc
Name of Corporation

DOCUMENT NUMBER: P08000052585

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEE Vorcheimer
Name of Contact Person

PERFECT Reliable Independent claims Services Inc
Firm/Company

2546 SE 11th Street
Address

Pompano Beach, FL 33062
City/State and Zip Code

LMV 1966 @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEE M. Vorcheimer at (954) 483-4000
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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