

P090000054956

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

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

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

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

☐

PICK-UP

☐

WAIT

☐

MAIL

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

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

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

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10 AUG - 6 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NCAP  
8-12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2010

JAMES E. TICE  
ACCOUNTANT & TAX CONSULTANT  
16220 S W 280TH STREET  
HOMESTEAD, FL 33031

SUBJECT: AP CLAIMS SERVICES, INC.  
Ref. Number: P09000054956

We have received your document for AP CLAIMS SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Minutes or corporate resolutions are not filed with the Division of Corporations and should be kept with the records of the corporation. Any changes that are being made to the articles of incorporation can be made by filing articles of amendment. Enclosed is an amendment form.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 910A00017125

RECEIVED  
2010 AUG -5 AM 8:00  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE

**JAMES E. TICE  
ACCOUNTANT & TAX CONSULTANT  
16220 SW 280<sup>TH</sup> STREET  
HOMESTEAD, FLORIDA 33031**

**Phone 305 322 5715**

**July 3, 2010**

**Florida Department of Revenue  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314**

**Gentlemen:**

**Amendment of Corporation Name  
And Address for Annual Report filing  
Purposes.**

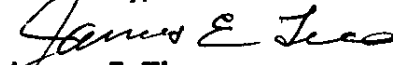
**Enclosed please find two copies of the Special Board of Directors meeting minutes authorizing the change of name and address for AP Claims Services, Inc. to AP Claims Associates, Inc. at the address as shown on the amended return filed herewith.**

**Also enclosed please find check in the amount of \$35.00 as per your schedule of fees for amended filings.**

**I trust that this is sufficient to properly change the name and address of this corporation. All other details remain the same.**

**If further information is desired please do not hesitate to call me at the above phone number as it is our desire is to complete this change ASAP.**

**Sincerely,**

  
**James E, Tice  
Accountant**

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AP Claims Services Inc

DOCUMENT NUMBER: PO9000054956

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

Please return all correspondence concerning this matter to the following:

JAMES E TICE  
Name of Contact Person

RPJ Enterprises Inc  
Firm/ Company

16220 SW 28th St.  
Address

Homestead FL 33031  
City/ State and Zip Code

limsbooks6524@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES E. TICE at (305) 322 5715  
Name of Contact Person 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)

*Previously mailed  
AND held by you.*

**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

Phone 786-260-4482

Articles of Amendment  
to  
Articles of Incorporation  
of

AP CLAIMS SERVICES, INC.

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

P09000054956

(Document Number of Corporation (if known))

FILED  
10 AUG - 6 AM 11:17  
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:

AP CLAIMS ASSOCIATES, 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)

13155 SW. 134TH ST  
MIAMI FL 33186  
STR 123

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

SAME

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(City) (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.

no change

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>
	same		<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)*

no change

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**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)*

no change

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The date of each amendment(s) adoption: July 3, 2010  
(date of adoption is required)  
Effective date if applicable: July 3, 2010  
(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 w / A  
(voting group)"

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

w / A

- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 7/18/2010

Signature [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)

Alejandro Parrondo  
(Typed or printed name of person signing)  
Alejandro Parrondo  
President / Sole Shareholder  
(Title of person signing)