Po900083327

(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

1-20-10



700166355527

01/19/10--01009--020 **35.00



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: P	RECISION CLAIM AS Name of Co	SOCIATES, INC.					
DOCUMENT NUMBE	r: P090	00083327					
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:							
•							
	HENRY (ENR Name of Con	IQUE) DIAZ					
	Name of Con	tact Person					
	PRECISION CLAIM ASSOCIATES, INC. Firm/Company						
	Titti, Col	mpuny					
	3001 EXECUTIVE D	DRIVE SUITE 335					
	Addr						
	CLEARWATER, F	FLORIDA 33762					
	CLEARWATER, F City/State and	d Zip Code					
	hdiaz@precis	sionfl.com					
E-ma	ail address: (to be used for fu	ture annual report noti	fication)				
For further information of	concerning this matter, please ca	all:					
		707	574 0004				
	NRY DIAZ Contact Person	at (727) Area Code & Dayt:	ime Telephone Number				
The court of conditions and the court of superior transfer							
Enclosed is a \$35.00 check made payable to the Department of State.							
	Mailing Address: Amendment Section	Street Address Amendment S	<u>:</u> ection				
	Division of Corporations Amendment Section Amendment Section Division of Corporations						
	P.O. Box 6327 Clifton Building						
	Tallahassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

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

statement of ch	ange is submitted for a cor	poration organize	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Stat	te of FLORIDA
	- •		M ASSOCIATES, II	J
	I office address: 3001 EX		RIVE, SUITE 335	
3. The mailing	address (if different): SAM	ME		
4. Date of incor	poration/qualification:	10-5-09	Document number:	P09000083327
	d street address of the current extremt of State: (If resigne		nt and registered office on f	ile with the
	ENRIQUE DIAZ			
	14915 STAG RUN (CIRCLE		
	LUTZ, FL 33559			
6. The name and (if changed):	d street address of the new	registered agent ((if changed) and /or register	ed officeHASSI
	ENRIQUE DIAZ			m
	3001 EXECUTIVE I	The state of the s		AH IO: 39
	CLEARWATER, FL	P.O. Box NOT at	cceptable	39 NAC
The street address changed will			dress of the business office	e of its registered agent,
7			by its board of directors or its board of the chang	
,	ire of an officer of director		ENRIQUE DIAZ -	- PRESIDENT
of my duties, ar document is be	t the appointment as regis to comply with the provis nd I am familiar with and ing filed merely to reflect s been notified in writing	ions of all statute accept the obliga a change in the i	agree to act in this capacit se relative to the proper an ation of my position as reg registered office address, T	y. Id complete performance istered agent. Or, if this hereby confirm that the
	gnature of Registered Agen	 .	JANUARY 1	12, 2010
	chair of an entity:			
1	yped or Printed Name			

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