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Office Use Only



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Division of Corporations
NAME OF CORPORATION: RISKS & Claims International, Inc
DOCUMENT NUMBER: P1000000799.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Judith Alippi Name of Contact Person
Pence Adwar, P.A. Firm/Company
848 Brickell AVE, STE 830
Manu, R 33.131 City/ State and Zip Code
E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Judeth Filippi at (365) 374 4422 Name of Contact Person Property at (365) 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 & Status Certificate of Status (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) (Additional Copy 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

Articles of Incorporation

of

R	ISKS + CLAIMS INTERNATIONAL INC.
	(Name of Corporation as currently filed with the Florida Dept. of State)
	P10000000 799
	(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:

A. If amending name, enter the new name of the corporation	<u>n:</u>	•
RISK & Claims Interna	tional 1	nc. The new
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or, Co.;" or the designation "Contain the word "chartered," "professional association of the contain the word "corp and cont	oration," "company,	or "incorporated" or the
abbreviation "Corp.," "Inc.," or, Co.;" or the designation "Co	orp," "Inc," or "Co".	A. professional corporation
name must contain the word "chartered," "professional associa	ition," or the abbrevia	ition "P.A."
D. Fritan and a street of the state of the s	"SAME"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
(Trincipal office address MOST BE A STREET ADDRESS)		and the second
	:	5 5
C. Enter new mailing address, if applicable:	"SALIT"	m - m
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	- SATIOLE	
	en e	Fig. 12
	,	7-
D: If amending the registered agent and/or registered office	<u>address in Florida, e</u>	nter the name of the
new registered agent and/or the new registered office add	lress:	
		. · · -
Name of New Registered Agent:		
\mathbf{C}	ANNE	PHE
New Registered Office Address: (Flori	da street address)	
		, Florida
(City)	. (2	Zip Code)
New Registered Agent's Signature, if changing Registered A	gent:	a obligations of the position
I hereby accept the appointment as registered agent. I am fami	нас wun ана ассерги: 	ie contrations of the bosition.
\sim	/A	·
-Signature of New	Registered Agent, if co	hanging
_		

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>		Address		7 7	í I.	Type	of Action
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F. If amonding on adding additional Autistanal	s . o s. 4 o s. vil	h(a) h			i - 3 4 (4)		. •
E. If amending or adding additional Articles (attach additional sheets, if necessary). (B)			ere: `		: -		
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F. If an amendment provides for an exchan	ige, recla	ssification	, or cano	ellatio	of issi	ued sha	ares,
provisions for implementing the amenda (if not applicable, indicate N/A)	nent if no	<u>t containe</u>	ed in the	amend	<u>ment it</u>	self:	
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x1/A							7
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The date of each amendment(s) ad	option:	1-10	1.		
Effective date if applicable:	(date of adoptio	n is required)	i		_
	nore than 90 days after amend	lment file date)			- :
		-	-		;
Adoption of Amendment(s)	(CHECK ONE)	,	!		
The amendment(s) was/were ado by the shareholders was/were suf		number of votes	cast for the	amendme	ent(s
The amendment(s) was/were app must be separately provided for a					'eme
"The number of votes east fo	or the amendment(s) was/were	sufficient for ap	proval	٠	
by		· · · · · · · · · · · · · · · · · · ·			
· (votir	ıg group)		• .		,
The amendment(s) was/were ado action was not required. The amendment(s) was/were ado action was not required.				•	
Dated	1/10				
selected.	ector, president or other office by an incorporator – if in the h fiduciary by that fiduciary)				
	(Typed or printed nam	Aduda c of person signi	<u> </u>		
	PENCOCE	Nicks 200			
	(Title of person signing)	*	+ + ·	•	