

P10000075793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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R. WHITE

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2014

JULIO A PINEDA  
9255 SW 125TH AVE #R106  
MIAMI, FL 33186

SUBJECT: INSURANCE CLAIMS EXPERTS CORP.  
Ref. Number: P10000025793

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

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) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 114A00015518

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Insurance Claims Experts  
Name of Corporation

**DOCUMENT NUMBER:** P10000025793

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:

Julio Pineda  
Name of Contact Person

Insurance Claims Experts  
Firm/Company

9255 SW 125<sup>th</sup> Ave, Suite 2106  
Address

Miami, FL 33186  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sandra Samuels at (786) 378-7105  
Name of Contact Person Area Code & Daytime Telephone Number

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

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18 OCT 14 PM 3:41  
CR2E045 (3/12)  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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

## 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: Insurance Claims Experts
2. The principal office address: 9255 SW 125<sup>th</sup> Avenue, Suite 2106  
Miami, FL 33186
3. The mailing address (if different): Same
4. Date of incorporation/qualification: March 23, 2010 Document number: PI0000025793
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)

Julio Pinedo  
9255 SW 125<sup>th</sup> Avenue, #106  
Miami, FL 33186

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

Julio Pineda  
14261 SW 120th CT  
P.O. Box NOT acceptable  
Miami, FL. 33186

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14 OCT 14 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Signature of an officer or director

Julio Pineda, President  
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

10/6/14  
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)