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Amendment
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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: RESPONSIVE CLAIM ADJUSTERS DOCUMENT NUMBER: P12000027238 |
|--|
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| JOSE ANTONIO SOLER |
| Name of Contact Person |
| RESPONSIVE CLAIM ADJUSTERS |
| Firm/ Company |
| 12827 SW 133 ST |
| Address |
| MIAMI, FL 33186 |
| City/ State and Zip Code |
| RCA.FLORIDA@GMAIL.COM |
| E-mail address: (to be used for future annual report notification) |
| , , , , , , , , , , , , , , , , , , , |
| For further information concerning this matter, please call: |
| JOSE ANTONIO SOLER 786 412-4518 |
| 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

Articles of Amendment Articles of Incorporation

RESPONSIVE CLAIM ADJUSTERS, INC

P12000027238

| • | Articles | s of Amendment | | i i |
|--|--|--|----------------------|------------------------------|
| , , | A rtiolog | to of Incorporation | | To the |
| | Atticles | of | | |
| RESPONSIVE CLAIM | I ADJUSTE | RS, INC. | | |
| (Name of Corporation as | - | <u>* </u> | State) | |
| P12000027238 | | | | |
| (Documen | t Number of Corporat | tion (if known) | | |
| Pursuant to the provisions of section 607.1 as Articles of Incorporation: | 1006, Florida Statutes. | , this <i>Florida Profit Co</i> | orporation adopts th | ne following amendment(s) to |
| A. If amending name, enter the new na | me of the corporatio | on: | | |
| N/A name must be distinguishable and conto | | · · · · · · · · · · · · · · · · · · · | | The new |
| vord "chartered," "professional associat B. Enter new principal office address, i Principal office address MUST BE A ST | f applicable: | tion "P.A." N/A | | |
| | | | | |
| . Enter new mailing address, if applic (Mailing address <u>MAY BE A POST C</u> | <u>cable:</u> DFFICE BOX) | N/A | ntor the name of the | |
| . Enter new mailing address, if applic (Mailing address <u>MAY BE A POST C</u> | <u>cable:</u> DFFICE BOX) d/or registered office | address in Florida, e | nter the name of th | ne |
| . Enter new mailing address, if applic (Mailing address MAY BE A POST C | <u>cable:</u> DFFICE BOX) d/or registered office | address in Florida, e | nter the name of th | <u></u> |
| 2. Enter new mailing address, if applic (Mailing address MAY BE A POST Of Mailing address). 1. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent | cable: OFFICE BOX) d/or registered office registered office add N/A | address in Florida, e | nter the name of th | ne |
| 2. Enter new mailing address, if applic (Mailing address MAY BE A POST Of Mailing address). 1. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent | cable: OFFICE BOX) d/or registered office registered office add N/A | address in Florida, e dress: | | |
| Enter new mailing address, if applic (Mailing address MAY BE A POST Of Mailing address, if applic (Mailing address) if application (Mailing add | cable: OFFICE BOX) d/or registered office advergistered office adverges N/A (Flori | address in Florida, e dress: | | ne D Code) |
| Enter new mailing address, if applic (Mailing address MAY BE A POST Of Mailing address). If amending the registered agent and new registered agent and/or the new Name of New Registered Agent | d/or registered office registered office A/A (Flori | e address in Florida, e dress: ida street address) | | |

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change. Mike Jones. V as Remove, and Sally Smith, SV as an Add.

| Example; X Change | <u>PT</u> | John Doe | | |
|-----------------------------|--------------|--------------------|--------------------------------------|---|
| X Remove | <u>V</u> | Mike Jones | | |
| _X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | |
| 1) X Change Add Remove | <u>P</u> | Jose Antonio Soler | 12827 SW 133rd ST Miami, FL 33186 | |
| 2) Change X Add Remove | V | Wendy Soler | 12827 SW 133rd ST Miami, FL 33186 | |
| 3) Change Add Remove | | | | _ |
| 4) Change Add Remove | | | | _ |
| 5) Change Add Remove | | | | _ |
| 6) Change Add Remove | | | | _ |

| . If amending or adding additional Artic (attach additional sheets, if necessary). | (Be specific) |
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| If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
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| The date of each amendment(s) a | doption: 3/26/2012 |
|--|--|
| Effective date if applicable: 3/ | 26/2012 |
| meetive date in applicable. | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| ☐ The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval. |
| | proved by the shareholders through voting groups. The following statement 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 | , n |
| | (voting group) |
| action was not required. The amendment(s) was/were add | opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder |
| action was not required. | |
| Dated 3/26/2 | 2012 |
| Signature (By a d | lirector, president or other officer – if directors or officers have not been |
| | d, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary) |
| | JOSE ANTONIO SOLER |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |