P13000082647

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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations NAME OF CORPORATION: Reliable Claim Services, Inc. DOCUMENT NUMBER: P13000082647 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sarah Keeler Name of Contact Person Reliable Claim Services, Inc. Firm/ Company 88 Clubhouse Dr, Address Palm Coast, FL 32137 City/ State and Zip Code sarah.k@rcsadjusters.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sarah Keeler Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fec & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, 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

Reliable Claim Services, Inc.	
(Name of Corporation as currently filed with the	e Florida Dept. of State)
P13000082647	
(Document Number of Corporation	ı (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	88 Clubhouse Dr.
(Principal office address MUST BE A STREET ADDRESS)	Palm Coast, FL 32137
G. D. and J. and	00.01.11
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	88 Clubhouse Dr.
	Palm Coast, FL 32137
	-
	WARRIED A TOTAL CONTROL OF THE PARTY OF THE
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office addresses.	
Sarah Kepler	
Name of New Registered Agent 88 Clubhouse	- Dr
	a street address)
New Registered Office Address: Palm Coast	, Florida 32137
	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili	e nt: ar with and accept the obligations of the position.
\ \ \ \	
Signature of New Registers	ed 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)

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	PT	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addręs</u> s
1) Change	Р	Scott LaRue	2839 Lake Michaela Blvd.
Add			Valrico, FL 33596
Remove			
2) Change	Р	Sarah Keeler	88 Clubhouse Dr.
Add			Palm Coast, FL 32137
Remove			
3) Change			
Add			
Remove			
<u></u>			
4) L. Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change	<u> </u>		
Add			
Remove			

	. (Be specific)
N/A	
	,
_,	
	A A A A A A A A A A A A A A A A A A A
. If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	rendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	I The second
Scott LaRue will no longer have	any shares of the company.
The company shares will be ow	vned by Sarah Keeler.
Sarah Keeler will own 100% of	Reliable Claim Services Inc
Salali Reelei Will Own 100 /6 Or	Tremable Glain Gervices, me.

The date of each amendment	(s) adoption: 8/15/2014	, if other than the
date this document was signed.		
Effective date if applicable:	N/A	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wereby the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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	
_{δy} <u>N/A</u>	п	
<u> </u>	(voting group)	
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated_8/15	/2014	
Signature	Low Keeler	
•	y a director, president or other officer - if directors or officers have not been lected, by an incorporator - if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
	Sarah Keeler	
	(Typed or printed name of person signing)	 -
	President	
	(Title of person signing)	