## P17000042155

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## 5894 J. H. - S. Ca.

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PREMIER CLAIMS	CONSULTANT CORP	
DOCUMENT NUMB	ER: P17000042155		
The enclosed Articles of	f Amendment and fee are sub	mitted for filing.	
Please return all corresp	ondence concerning this man	er to the following:	
(	OSVALDO CARDENAS		
_		Name of Contact Person	
(	CARDENAS ACCOUNTING	AND TAX SERVICES I	NC
-		Firm/ Company	
	2032 SW 132 COURT SU	JITE 200	
-	<del></del> -	Address	
	MIAMI, FL 33186		
-		City/ State and Zip Code	
,	OCC4@BELLSOUTH.NET		
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	910-6088
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	■S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation

DDEMIED OLAIMS CONSULTANT COR

	ration as currently filed with the Flor		
(, , , , , , , , , , , , , , , , , , ,	P17000042155		
(De	ocument Number of Corporation (if kno	wn)	
ursuant to the provisions of section 607.1006, Flo s Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corp</i> e	oration adopts the followin	g amendment(s)
. If amending name, enter the new name of th	e corporation:		
			_The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C ord "chartered," "professional association," or	'orp," "Inc," or "Co". A profession	or "incorporated" or the c al corporation name must c	abbreviation contain the
B. Enter new principal office address, if applications of the principal office address MUST BE A STREET A	<u>ible:</u> <u>(DDRESS</u> )		
	·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )		
). If amending the registered agent and/or reg new registered agent and/or the new registe	istered office address in Florida, ente	er the name of the	1
Name of New Registered Agent CHRIS	TOPHER ARSLANIAN		<u>:</u> _
8498 S	W 188 <sup>TH</sup> TERR APT 12		_
<del></del>	(Florida street address)		<del>-</del>
New Registered Office Address:	PALMETTO BAY (City)	, Florida331	57 Code)
	(Cay)	(	- Coucy
New Registered Agent's Signature, if changing	Registered Agent:		
hereby accept the appointment as registered age	nt. I am familiar with and accept the c	obligations of the position.	
	11/1/20		
	/ Mellalla		
	Signature of New Registered Agent, if	changing	<del>_</del>

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> 14</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)Change	<u>P</u>	MIGUEL A ROCHE	6211 SW 164 <sup>TH</sup> PATH
Add XRemove			MIAMI, FL 33193
2)Change	<u>p</u>	CHRISTOPHER ARSLANIAN	8498 SW 188 <sup>TH</sup> TERR APT 12
XAdd			PALMETTO BAY, FL 33157
3 )Change			
Remove			
4)Change			
Remove			
5)Change			
Remove			
6)Change			
Add Remove			

Attach additional sheets, if necessary).	(Be specific)	
		·
		. <u> </u>
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
<u>provisions for implementing the amo</u> (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(y nor apprecione, material (m.t.)		
		- <del></del>

he date of each amendment(s) add	ption:	, if other than th
ate this document was signed.		
Mective date if applicable:		
	(no more than 90 days after amendment f	file date)
lote: If the date inserted in this blo ocument's effective date on the Dep.	ck does not meet the applicable statutory filing requirement of State's records.	irements, this date will not be listed as th
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for icient for approval.	the amendment(s)
	oved by the shareholders through voting groups. The just woting group entitled to vote separately on the an	
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by		71 1
	(voting group)	
The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action	on and shareholder
The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action an	ad shareholder
Dated	12/21/2023	
<del></del>	LA CONTRACTOR OF THE PARTY OF T	
Signature		<del></del>
selected.	ector, president or other officer – if directors or office by an incorporator – if in the hands of a receiver, trus d fiduciary by that fiduciary)	
	MIGUEL A ROCHE	1
-	(Typed or printed name of person signing)	
		-
	DDECIDENT OWNED	

(Title of person signing)