

P 15000 47427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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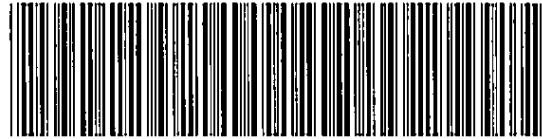
(Business Entity Name)

(Document Number)

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JUL 19 2018

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18 JUL 16 AM 10:28  
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JUL 16 2018

R/A-24

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **PRIME CLAIMS**

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** **100313837211**

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:

**RAUL LABARCA**

\_\_\_\_\_  
Name of Contact Person

**PRIME CLAIMS**

\_\_\_\_\_  
Firm/Company

**5927 SW 70TH ST, 105,**

\_\_\_\_\_  
Address

**MIAMI, FL 33143**

\_\_\_\_\_  
City/State and Zip Code

**RAULITO.LABARCA@GMAIL.COM**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**RAUL**

\_\_\_\_\_  
Name of Contact Person

**786 308-9905**

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

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

**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: PRIME CLAIMS, INC
2. The principal office address: 5927 SW 70TH ST, 105, MIAMI, FL 33143
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/29/2018 Document number: 100313837211 P18000047427
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)

RAUL LABARCA

8395 SW 73RD AVE, 405, MIAMI, FL

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


RAUL LABARCA

5927 SW 70TH ST, 105, MIAMI, FL 33143

P.O. Box NOT acceptable


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

RAUL LABARCA - 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

07/12/18  
\_\_\_\_\_  
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)