P95000048704

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Insurance Claim C	Consultants	
DOCUMENT NUM	P05000048704		
The enclosed Article	es of Amendment and fee are su	ubmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	Ronald F. Delo		
		Name of Contact Person	1
	Insurance Claim Consultants	5	
		Firm/ Company	
	711 S. Howard Avenue, Suit	•	
	 	Address	
	Tampa, FL 33606		
		City/ State and Zip Cod	e
ron	@insuranceclaimconsultants.co	oin	
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Ronald F. Delo		at (<u>727</u>	647-7195
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.G	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Insurance Claim Consultants Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P95000048704 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Dawn A. Datso Name of New Registered Agent (Florida street address) 711 S. Howard Avenue, Suite 200 Tampa New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered 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	<u>PT</u> <u>Jol</u>	<u>in Doc</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	Ilv Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP.S.D	Dawn A. Datso	711 S. Howard Avenue, Suite 200
X Add			Tampa, FL 33606
Remove			
2) Change			_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
P. mayo			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s	adoption:	, if other than th
date this document was signed.		
	/9/2()19	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date value behavior of State's records.	vill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by		
<u></u>	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
8/6/201	9	
Dated		
Signature	70 TO	
(By selec	director, presidentor other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court offitted fiduciary by that fiduciary)	
	Ronald F. Deio	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	