F98000006618

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
AMERICAN CLAIMS MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$35.00

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C. MUSTAIN

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMERICAN CLAIMS MANAGEMENT, INC.
Name of Corporation

DOCUMENT NUMBER: F98000006618

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

pbriand@bbinslegal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person 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

CR2E045 (6/05)

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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 California *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: AMERICAN CLAIMS MANAGEMENT, INC.

2. The principal office address:
701 B STREET, STE 2100 SAN DIEGO CA 92101

3. The mailing address (if different):
701 B STREET, STE 2100 SAN DIEGO CA 92101

4. Date of incorporation/qualification: 12/4/1998 Document number: F98000006618

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)

HIQ CORPORATE SERVICES INC

1574 VILLAGE SQUARE BLVD SUITE 100

TALLAHASSEE FL 32309

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Sharlin Aldao
Signature of an officer or director

Sharlin Aldao, Vice 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.

By: C T Corporation System
Signature of Registered Agent

03/09/2012
Date

If signing on behalf of an entity:
Kristin Bolden
Assistant Secretary
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

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