

PO4000147634

Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

FLORIDA CLAIMS CONSULTANTS OF PENSACOLA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

\$43.75

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PARO

**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: Florida Claims Consultants of Pensacola, Inc.
- 2. The principal office address: 362 Gulf Breeze Parkway, Suite 115  
Gulf Breeze, FL 32561
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 10/26/04 Document number: PO#000147634

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Charles C. Garretson  
207 S. Baylen Street  
Pensacola, FL 32501

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

Emily M. Green  
362 Gulf Breeze Parkway #115  
(P.O. Box NOT acceptable)  
Gulf Breeze, FL 32561

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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)

Emily M. Green, 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)

6/6/05  
(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