

P05000081159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

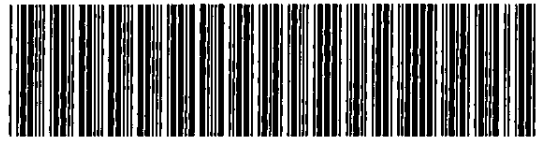
(Business Entity Name)

(Document Number)

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*RA Change
Taxes*

06/28/06--01017--004 **35.00

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Apex Claims Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000081159

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:

James Forsythe
(Name of Contact Person)

Apex Claims Services, Inc.
(Firm/Company)

P.O. Box 3364
(Address)

Riverview FL 33568
(City/State and Zip Code)

For further information concerning this matter, please call:

James Forsythe at (813) 657-3469
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2006

JAMES FORSYTHE
APEX CLAIMS SERVICES, INC.
P. O. BOX 3364
RIVERVIEW, FL 33568

SUBJECT: APEX CLAIMS SERVICES, INC.
Ref. Number: P05000081159

We have received your document for APEX CLAIMS SERVICES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

TheLma Lewis
Document Specialist Supervisor

Letter Number: 406A00043601

RECEIVED

06 JUL 11 2006

STATE OF FLORIDA

DIVISION OF CORPORATIONS

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: Apex Claims Services, Inc.
2. The principal office address: 15539 Martinmeadow Drive, Lithia, FL 33547
3. The mailing address (if different): P.O. Box 3364, Riverview, FL 33568
4. Date of incorporation/qualification: 6/6/05 Document number: P05000081159
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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

James Forsythe
15539 Martinmeadow Dr.
(P.O. Box NOT acceptable)
Lithia, FL 33547

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TALLAHASSEE, FLORIDA

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.

James Forsythe
(Signature of an officer or director)

James Forsythe Director
(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.

James Forsythe
(Signature of Registered Agent)

6/26/06
(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