

LD6 000065668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

SEP 17 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2008

JOHN MATTHEWS
5119 CHANDELLE DRIVE
PENSACOLA, FL 32507

SUBJECT: NETWORK CLAIMS SERVICE, L.L.C.
Ref. Number: L06000065668

We have received your document for NETWORK CLAIMS SERVICE, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 608A00049292

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Network Claims Service, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John H. Matthews
(Name of Person)

Network Claims Service, LLC
(Firm/Company)

5119 Chandelle Drive
(Address)

Pensacola, FL 32507
(City/State and Zip Code)

For further information concerning this matter, please call:

John H. Matthews at (850) 492-4802
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Network Claims Service, LLC

2. (a) Principal office address of limited liability company: 605 W. Moreno Street
Pensacola, FL 32501
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 605 W. Moreno Street
Pensacola, FL 32501
(Note: MAY BE POST OFFICE BOX)

06/29/2006

3. Date of filing/registration in Florida

L06000065668

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: James F. Lee

Registered Office Address: 605 W. Moreno Street
Pensacola, FL 32501

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: John H. Matthews

NEW Registered Office Address: 5119 Chandelle Drive
(MUST BE FLORIDA STREET ADDRESS) Pensacola, FL 32507

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

James F. Lee
(Signature of a member or authorized representative of a member)

James F. Lee
(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

John H. Matthews
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00