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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001886543)))



H150001886543ABC5

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for fute annual report mailings. Enter only one email address please. ** Email Address:

REGISTERED AGENT CHANGE VERICLAIM, INC.

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

Electronic Filing Menu

Corporate Filing Menu

*8/4/2015*3:54:08 PM From: To: 8506176380(2/3)

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: VERICLAIM, INC.			
	Name of C	orporation		
DOC	UMENT NUMBER:			
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 Co	ntact Person		
Firm/Company				
	Address			
	City/State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	Name of Contact Person	at (
	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclo	sed is a \$35.00 check made payable to the Depar	tment of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delawate or registered agent, or both, in the State of Florida.	
	the corporation: VERICLAIM, IN		
2. The principal office address: 1100 Ridgeway Loop Road, Memphis, TN 38120			
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 03/05/198	Document number: 848411	
	nd street address of the current reg artment of State: (If resigned, ente	istered agent and registered office on file with the resigned)	
	CORPORATION SERVICE COM	MPANY	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		
6. The name at (if changed)		ered agent (if changed) and /or registered office.	
		He = 0	
	C/O C T Corporation System, 1200 South Pine Island Road F.O. Box. NOT acceptable		
	Plantation, Florida 33324	50	
The street add as changed wi	ress of its registered office and th	ne street address of the business office of its registered agent,	
Such change v authorized by	vas authorized by resolution duly the board for the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
	ture of air officer or director	Jennifer Kurz, Vice President	
I hereby accept further agree performance cagent. Or, if the hereby confirmations	of the appointment as registered a elo comply with the provisions of my duties, and I am familiar wi his document is being filed merel n that the corporation has been n	ngent and agree to act in this capacity. I all statutes relative to the proper and complete th and accept the obligation of my position as registered ly to reflect a change in the registered office address, I	
By: 8/3/2015			
	ignature of Registered Agent	Date	
If signing on t	chalf of an entity:		
Samantha Jones, Asst. 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
CR2E045 (03/12)