

FD50003050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

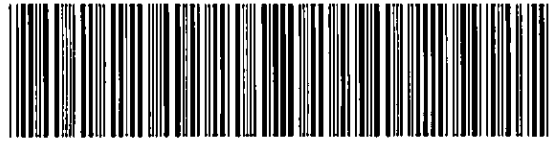
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 MAR -9 AM 9:38

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2021 MAR -9 PM 2:13

O SIMMONS

MAR 10 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 499629 8310564

AUTHORIZATION :

COST LIMIT : \$ 35.00



ORDER DATE : November 5, 2020

ORDER TIME : 11:33 AM

ORDER NO. : 499629-110

CUSTOMER NO: 8310564

CHANGE OF AGENT

NAME: US CLAIMS SERVICES, INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. The name of the corporation: U.S. Claims Services, Inc.
2. The principal office address: 3801 Pegasus Drive, Suite 101, Bakersfield, CA 93308
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/23/2005 Document number: FD5000003050
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)

John D. Hatch, Esq.

1267 Berkshire Lane, Ste 200

Tarpon Springs, FL 34688

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

Corporation Service Company

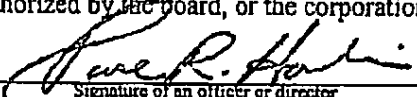
1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

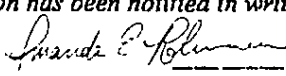
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Paul Hashim  
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

03/09/2021

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  
CR2E045 (04/13)