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(Req	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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01/25/19--01020--013 **35.00



CSC - WILMINGTON
251 Little Falls.Drive | Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: January 23, 2019

Order#: 570192-103

Re: SEDGWICK SIU, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX __ Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA. XCOA

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

statement of cha	mge is submitted for a corporation org	2502, 607.1508, or 617.1508, Florida Statutes, ganized under the laws of the State of TN	this	
		istered agent, or both, in the State of Florida.		
1. The name of t	he corporation: SEDGWICK SIU, INC		<u> </u>	
2. The principal	office address: 1100 Ridgeway Loop I	Road, Memphis, TN 38120	1	
3. The mailing a	ddress (if different):			
4. Date of incom	poration/qualification: 11/02/2010	Document number: F10000004798		
	I street address of the current registered tment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)		
	C T CORPORATION SYSTEM	3.9	26	
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324	SSS	2019 JAN 25	
6. The name and (if changed):	street address of the new registered ag	gent (if changed) and /or registered office	AH IO: 3	
	Corporation Service Company	<u> </u>	हिंदर अ	
	1201 Hays Street		1	
	P.O Box N	OT acceptable		
	Tallahassee	FL 32301		
The street addre	ss of its registered office and the stree be identical.	et address of the business office of its register	red a gent.	
Such change wa authorized by th	s authorized by resolution duly adopt e board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.	>	
λ	xie E. Cienie	Jill Cilmi, Vice President		
Signatui	e) an officer or director	Printed or typed name and title		
I further agree t performance of agent. Or, if thi hereby confirm	my dutiès, and I am familiar with and	atutes relative to the proper and complete l'accept the obligation of my position as regis effect a change in the registered office addres.	tered s, I	
By: Mac	e Cokubi	01/18/2019		
Sign	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
	Assistant Vice President		-	
15	ped or Printed Name	SET - \$35 00 * * *	1	
		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)