N	ote: 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.	
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N	ران ote: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	
,,	To: Division of Corporations Fax Number : (850)617-6380	
	From: Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274	
	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:	b
28/1 NOY -2 PH 2: 82	REGISTERED AGENT CHANGE QUALITY CLAIMS MANAGEMENT CORPORATION	π Γ
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TO: Amendment Section Division of Corporations

## SUBJECT: QUALITY CLAIMS MANAGEMENT CORPORATION

Name of Corporation

## DOCUMENT NUMBER: F11000002446

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:

#### Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address i.

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

888 ,705-7274

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

CR2E045 (03/12)

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### STATEMENT OF CHANGE OF REGISTERED OF TICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation	: QUALITY	CLAIMS MAN	AGEMENT C	ORPORATION
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2. The principal	office address: 2763	3 Camino Del	Rio South	Suite	300	
San Dieg		CA	92108			
3. The mailing a	address (if different):	PO BOX 8761	1			
	ego, CA 92138					
4. Date of incor	poration/qualification	06/13/2011	Document n	umber: F1100	0002446	
	d street address of the rtment of State: (If res			l office on file wi	ith the	
	INCORP SERV	ICES, INC.			17 N	
	17888 67TH C1	「 N			RETA	9. () Section 21 Contracts
	LOXAHATCHE	E, FL 33470			2 A SSE	(herdine) B
6. The name and (if changed):	d street address of the			/or registered off	OF STATE	C
	Registered Age	ent Solutions,	Inc.		<b>`</b>	
	155 Office Plaz	a Dr., Suite A	A			
	Tallahassee, F	P.O. Box NO L 32301	T acceptable			
The street addre as changed will	ess of its registered of he identical.	ffice and the street	address of the busi	ness office of its	s registered ager	nt,
Such change wa authorized by th	as authorized by resolute board, or the corpo	ution duly adopte ration has been no	d by its board of dir otified in writing of	ectors or by an c the change.	officer so	
1st Renald	R. Rgilz re of an officer or director		Ronald R. Re		President	
•	the appointment as r to comply with the pr my duties, and I am f is document is being, that the corporation	egistered agent ar ovisions of all sta amiliar with and filed merely to ref has been notified		or typed name and little is capacity. proper and com n of my position registered office ange.		
Sim	native of Registered Agent	· <u></u> _	10/19/2017	Date		
_	half of an entity:			Duc		<b>6</b>
	ell - Assistant S	Secretary				

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 H17000275659 3 CR2E045 (03/12) 85

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