

F17000002356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

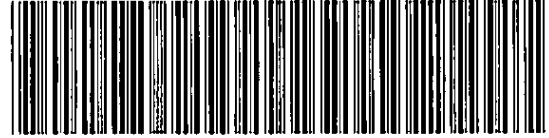
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400379197724

RECEIVED

2022 FEB -3 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2022 FEB -3 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FL

R+H/RO/CH

FEB 04 2022

ALBRITTON

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

ACCOUNT NO. : I20000000195

REFERENCE : 354586 7901605

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : December 29, 2021

ORDER TIME : 5:09 PM

ORDER NO. : 354586-705

CUSTOMER NO: 7901605

CHANGE OF AGENT

NAME: PROFESSIONAL CLAIMS BUREAU,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

10

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

1. The name of the corporation: PROFESSIONAL CLAIMS BUREAU, INC.
2. The principal office address: 8085 Knue Road Indianapolis, IN 46250
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/19/2017 Document number: F17000002356
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)

United States Corporation Agents, Inc.

5575 S. Semoran Blvd., Suite 36

Orlando

FL 32822

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.

Noelle R. Ten Eyck
Signature of an officer or director

Noelle R. Ten Eyck

CCO/Asst. Secretary

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.

Corporation Service Company

By: Eylem Ozbek
Signature of Registered Agent

02/03/2022

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)

FILED
2022 FEB - 3 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FL