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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062

: (888)705-7274

Phone

: (888)706-7274

Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

REGISTERED AGENT CHANGE

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TO:

Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER: F9700000583

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:

MARGOT MULLIN

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

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:

MARGOT MULLIN

<u>,,</u>888 \705-72

Name of Contact Person

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)

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

statement of cha	nge is submitted for a	corporation organ	2, 607.1508, or 617.1508, F ized under the laws of the St cred agent, or both, in the St	ate of <u>CON</u>	NECTICUT	-
1. The name of t	he corporation: NEV	V ENGLAND C	LAIMS ADMINISTRA	TION SE	RVICES	, INC.
	office address: 1350					
SPRINGF		MA	01103			
3. The mailing a	ddress (if different):	ONE PARK PL	ACE, SUITE 250			
		103-1619				
4. Date of incorp	ooration/qualification:	02/04/1997	Document number: F	9700000	0583	
5. The name and		current registered a	gent and registered office or d)	n file with t	he	
	CORPORATION	SERVICE CO	DMPANY			
	1201 HAYS ST	REET				
	TALLAHASSEE	, FL 32301-25	25		源说 源说	
6. The name and (if changed):	street address of the	new registered ager	nt (if changed) and /or registe	ered office	20 100 100 100 100 100 100 100 100 100 1	
	Registered Age	ent Solutions,	Inc.		雪型 苦	_
	155 Office Plaz	a Dr., Suite A				. <del>.</del>
	Tallahassee, F	ро. вох NOT L 32301	acceptable		) <b>2</b>	9
The street addre	ess of its registered of be identical.	fice and the street	address of the business offic	ce of its reg	gistered age	nt,
Such change wa authorized by th	is authorized by resol te board, or the corpo	ution duly adopted ration has been no	by its board of directors or iffied in writing of the change	by an offic ge.	cer so	
. –	W J. COHEN	·	ANDREW J. COHE	•	ECRETAR	Ϋ́
I hereby accept I further agree t performance of agent. Or, if thi	to comply with the promy duties, and I am f is documents being j	ovisions of all statt amiliar with and a filed merely to refle	Printed or typed non d agree to act in this capaci ties relative to the proper a cocept the obligation of my p ect a change in the registere t writing of this change.  03/20/2018	ity. nd complet position as	le registered Idress, I	
Sign	nature of Registered Agent		Date	<del></del>		•
If signing on bel	half of an entity:					
Justine Karn		Secretary				
T	ped or Printed Name					

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