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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: September 12, 2019

Order#: 873446-170

Re: AMERICAN CLAIMS MANAGEMENT, 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: Soraya Sariaslani 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	inge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statu ation organized under the laws of the State of <mark>CA</mark> ce or registered agent, or both, in the State of Florid		
1. The name of t	the corporation: AMERICAN (CLAIMS MANAGEMENT, INC.		
2. The principal	office address: 2544 & 2548	Campbell Place Carlsbad, CA 92008		
3. The mailing a	ddress (if different): 220 S. R	Ridgewood Ave. Daytona Beach, FL 32114		<u>.</u>
4. Date of incorp	poration/qualification: 12/04/	1998 Document number: F980000066	18	
	I street address of the current tment of State: (If resigned, e	registered agent and registered office on file with the	ie	
	C T CORPORATION SYST	EM	. 2	
	1200 SOUTH PINE ISLAND	ROAD) S 610	LEAST TO SERVICE
	PLANTATION, FL 33324		2019 SEP 16	9 (1794)
6. The name and (if changed):	i street address of the new reg	istered agent (if changed) and /or registered office	PH 5:	ب د ب د ب د د د د د د
	Corporation Service Compa	ny	22	
	1201 Hays Street			
	Tallahassee	PO Box NOT acceptable FL 32301		
The street addre as changed will	ess of its registered office and be identical.	the street address of the business office of its reg	istered a	gent.
Such change wa authorized by th	is authorized by resolution du be board, or the corporation h	aly adopted by its board of directors or by an office has been notified in writing of the change.	er so	
(Let & COnce re of an officer or director	Jill Cilmi, Vice President		
Signatur	re of an officer or director	Printed or typed name and title		
I further agree to performance of agent. Or, if the hereby confirm	o comply with the provisions my duties, and I am familiar	d agent and agree to act in this capacity. If of all statutes relative to the proper and complete If with and accept the obligation of my position as reflect a change in the registered office add If notified in writing of this change.	egistered dress, I	d
By: My	nature of Registered Agent	09/12/2019		
Sign	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
	Assistant Vice President			
1,	ped or Printed Name			

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