

1705000006089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INTEGRATED CLAIMS SOLUTIONS, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAUREL GARFIELD

(Name of Person)

INTEGRATED CLAIMS SOLUTIONS, LLC

(Firm/Company)

802 MULBERRY ST., STE A-2

(Address)

NOBLESVILLE, IN 46060-3407

(City/State and Zip Code)

For further information concerning this matter, please call:

LAUREL GARFIELD

(Name of Person)

at (317 )

565-5300

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: INTEGRATED CLAIMS SOLUTIONS, LLC
2. The mailing address of the limited liability company is: 802 MULBERRY ST., STE A-2  
NOBLESVILLE, IN 46060-3407

10-31-05  
3. Date of filing/registration in Florida

M05000006089  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

LARRY ROSS

Name

6847 80th TERRACE NORTH

Address

PINELLAS PARK, FL 33781

City, State and Zip

6. The name and address of the new registered agent and/or office:

PAUL REID

Name

2309 OVERLOOK DR

Florida street address (P.O. Box NOT acceptable)

MT. DORA FL 32757

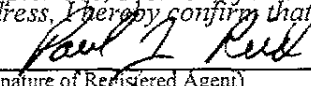
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

MARK WIENER President, CEO  
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

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