

M1700000 2500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

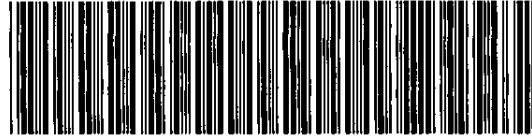
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MAY 05 2016
J SHIVERS

707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2016

MICHELLE BUSHONG
500 GRAPEVINE HWY SUITE 400
HURST, TX 76054

SUBJECT: MSI HAZARD CLAIMS, LLC
Ref. Number: M13000002500

We have received your document for MSI HAZARD CLAIMS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 616A00008268

COVER LETTER *

TO: Amendment Section
Division of Corporations

SUBJECT: MSI Hazard Claims, LLC
Name of Corporation

DOCUMENT NUMBER: M13000002500

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:

Michelle Bushong

Name of Contact Person

MSI

Firm/Company

500 Grapevine Highway, Suite 400

Address

Hurst, TX 76054

City/State and Zip Code

michelle.bushong@msionline.com

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

For further information concerning this matter, please call:

Michelle Bushong

Name of Contact Person

at (800) 346-2432

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

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: MSI Hazard Claims, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

500 Grapevine Highway, Suite 400

Hurst, TX 76054

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

500 Grapevine Highway, Suite 400

Hurst, TX 76054

4/18/2013

M13000002500

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Jessica Perry

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8665 Baypine Road, Suite 200

Jacksonville, FL 32256

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

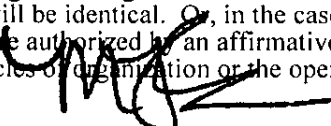
Baker Breedlove, Esq.

NEW Registered Office Address:

8665 Baypine Road, Suite 200

Jacksonville, FL 32256

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.



Melanie Thomas, Vice President

Signature of a member or authorized representative of a member

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 605, 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.

Baker Breedlove
Signature of Registered Agent