

m16000002246

11111

Division of Corporations

03:40:52 p.m.

11-16-2016

1/3

H160002835873

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000283587 3)))



H160002835873ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

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

Email Address: managedreports@incorp.com

RECEIVED

2016 NOV 17 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE  
VELOCITY CLAIMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 NOV 17 PM 12:11

FILED

H160002835873

S Warren

NOV 18 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Velocity Claims, 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:

Leora Nealey  
Name of Person

InCorp Services, Inc.  
Firm/Company

3773 Howard Hughes Pkwy · Suite 5005  
Address

Las Vegas, NV 89169-8014  
City/State and Zip Code

managedreports@incorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leora Nealey for InCorp Services, Inc. at ( 800 ) 246-2677 ext 8756  
Name of Person 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

H110002835873

FILED

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: Velocity Claims, LLC

2. (a) 3835 CLEGHORN AVENUE SUITE 200B (b) 3835 CLEGHORN AVENUE SUITE 200B
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

NASHVILLE
TN 37215

NASHVILLE
TN 37215

3. 03/17/2016 Date of filing/registration in Florida 4. M16000002246 Document number

5. (a) CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 Hays Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301-2525

(b) InCorp Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
17888 67th Court North
NEW Registered Office Address:

Loxahatchee, FL 33470

FILED
2015 NOV 17 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
Signature of a member or authorized representative of a member

Rod Harden
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.

[Signature]
Signature of Registered Agent
Leora Nealey on behalf of InCorp Services, Inc.

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

FILED 2835873