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Florida Department of State
Division of Corporations
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To:
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Slingris@completeclaim.com

REGISTERED AGENT CHANGE
COMPLETE CLAIMS SERVICES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Complete Claims Services, Inc.
2. The principal office address: 1401 - B Lenoran Rd Jacksonville FL 32250
3. The mailing address (if different): P.O. Box 51423, Jacksonville FL 32250
4. Date of incorporation/qualification: 6/2/2000 Document number: F00000053950
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

   ANSBACHER & SCHNEIDER PA
   3150 BELFORT ROAD, BUILDING 100
   JACKSONVILLE FL 32256

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   C T Corporation System

   1200 South Pine Island Road, Plantation, Florida 33324
   P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director — Bradley P. Taunton, Vice-President (Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent — 26th day of October, 2010 (Date)

If signing on behalf of an entity:

Mark Williams, AVP
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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November 12, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COMPLETE CLAIMS SERVICES, INC.
PO BOX 551260
JACKSONVILLE, FL 32255

SUBJECT: COMPLETE CLAIMS SERVICES, INC.
REF: P00000053950

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return 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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

FAX Aud. #: H10000244994
Letter Number: 510A00026580