

11/10/2010 14:55

850-245-6804

DEPT. OF STATE

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NOV-10-2010 14:29
Division of Corporations

P00000053950

**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.

((H10000244994 3)))



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TO:
Division of Corporations
Fax Number : (850) 617-6380

FROM:
Account Name : CTPROCOMPLY
Account Number : 120100000053
Phone : (608) 827-5300
Fax Number : (608) 827-5501

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

Email Address: Slingsis@completeclaim.com

**REGISTERED AGENT CHANGE
COMPLETE CLAIMS SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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10 NOV 10 AM 9:42
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11-19-10

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Fax Audit # - H100002449943

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: 1461-B Penman Rd Jacksonville FL 32250
3. The mailing address (if different): P.O. Box 51473, Jacksonville FL 32250
4. Date of incorporation/qualification: 6/2/2000 Document number: P00000053950
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)

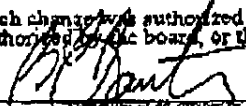
ANSBACHER & SCHNEIDER PA
3150 BELFORT ROAD, BUILDING 100
JACKSONVILLE FL 32256

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

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, or the board, or the corporation has been notified in writing of the change.


 Signature of an officer or director

Bradley P. Tamnton, 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

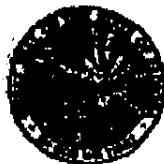
*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR12045 (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

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10 NOV 18 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile 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

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