## 00/24/2

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscqlobal.com

Date: January 23, 2019

Order#: 570192-050

Re: SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of cha	nnge is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida Statutes, the rganized under the laws of the State of Legistered agent, or both, in the State of Florida.	uis 
1. The name of t	the corporation. SEDGWICK CLAIM	S MANAGEMENT SERVICES, INC.	
2. The principal	office address: 1100 Ridgeway Loop	p Road, Memphis, TN 38120	1
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/16/1984	Document number: P01242	
	I street address of the current register timent of State: (If resigned, enter res	red agent and registered office on file with the signed)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD	) 三级	_2019
	PLANTATION, FL 33324	LLAH	JAN 2
6. The name and (if changed):		agent (if changed) and /or registered office	(C)
	Corporation Service Company		AH 10: 33
	1201 Hays Street	THE !	اق
		NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the str be identical.	reet address of the business office of its registered	d agent,
Such change wa authorized by th	s authorized by resolution duly ado board, or the corporation has been	pted by its board of directors or by an officer so i notified in writing of the change.	
$\lambda$	xie C. CiQnie	Jill Cilmi, Vice President	
Signatui	re of an officer of director	Printed or typed name and title	<del></del>
I further agree to performance of agent. Or, if thi hereby confirm	the appointment as registered agent o comply with the provisions of all t my duties, and I am familiar with an s document is being filed merely to that the corporation has been notific n Service Company	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registe reflect a change in the registered office address, ed in writing of this change.	ered I
By: I Ingo		01/18/2019	
Ţ.	nature of Registered Agent	Date	
Grace E. Kirby,	Assistant Vice President		
	ped or Printed Name		İ
	* * * FILING	FEE: \$35.00 * * *	
M/ CR2E045 (03/12)		FLORIDA DEPARTMENT OF STATE S. P.O. BOX 6327, TALLAHASSEE. FL 32314	