P05000081159

(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:		
•		

Office Use Only



700076288717

RA Change Thews

06/28/06--01017--004

\$\$25 DD

FILED
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Apex Claims Services Inc. (Name of Corporation)		
DOCUMENT NUMBER: PØ5000081159		
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:		
Tames Forsythe (Name of Contact Person)		
(Name of Contact Person)		
Apex Claims Services, Inc.		
(Firm/Company)		
P. O. Box 3364 (Address)		
(Address)		
Riverview FL 33568 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Name of Gontact Person) at (A	rea Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address:	Street Address:	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
i dildidosso, i D DD 17	Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 5, 2006

JAMES FORSYTHE APEX CLAIMS SERVICES, INC. P. O. BOX 3364 RIVERVIEW, FL 33568

SUBJECT: APEX CLAIMS SERVICES, INC.

Ref. Number: P05000081159

We have received your document for APEX CLAIMS SERVICES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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

Eyo have any questions concerning the filing of your document, please call (850) 245-6905.

Thema Lewis
Document Specialist Supervisor

Letter Number: 406A00043601

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: Apx Claims Services Inc. 2. The principal office address: 15539 Martingualow Drive
Lithia FL 33547
3. The mailing address (if different): P. O. Box 3364, Riverview, FL 33568
4. Date of incorporation/qualification: 6/6/05 Document number: P05000081159
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Corporation Service Company
1201 Hays Street
Tallahasser, Fl 32301 = = 1
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Janus Forsythe 15539 Martinmendow Dr. 977 9
Lithia FL 33547
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.
James Forsythe Director
(Signature of an apheer or director) [Printed or typed name and title] [Inereby 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 duttes, 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 nettified in writing of this change.
(Signature of Resistand Avent) (Date)
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
(Typed or Printed Name)

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