

## Florida Department of State

Division of Corporations Public Access System

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Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

## REGISTERED AGENT CHANGE

CAT CLAIMS INC.

KEGEIVED 16 JUL 10 AH 8: 00 1310N OF CONFIDENTION

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

statement of chai	nge is submitted for a corporation o	7.0502, $607.1508$ , or $617.1508$ , Florida Storganized under the laws of the State of $\frac{\Gamma}{\Gamma}$ egistered agent, or both, in the State of Flo	lorida
1. The name of t	he corporation: CAT CLAIMS INC		
2. The principal	office address: 5086 SE Manatee T	errace, Stuart, Florida 34997	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 9/1/2005	Document number: P0500012	1606
	street address of the current register iment of State:	red agent and registered office on file with	n the
	Giovanna Gallottini		O6 SE
	5086 SE Manatee Terrace		LARE!
	Stuart, Florida 34997		ILE IO ASSE
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered office	AM 9: 4 OF STAT
	Business Filings Incorporated		Am I
	1203 Governors Square Blvd, Suite		
	Tallahassee, Florida 32301-2960	-passey	
		treet address of the business office of its	
authorized by th	is aumorized by resolution duly ad the board, or the corporation has be	opted by its board of directors or by an en notified in writing of the change.	omicer so
Strau	ue fillation i	Giovanna Gallottini, President (Printed or typed name and ti	tle)
		nt and agree to act in this capacity. I statutes relative to the proper and com e obligation of my position as registered in the registered office address, I hereb ange.	
M. Jr	علا	28th day of June, 2006	
	nature of Registered Agent)	(Date)	
	half of an entity:	•	
Mark Schiff, AV	yped or Printed Name)		

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