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Office Use Only



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SECRETARY OF STATE
FALLAHASSEE FLORIDA



COVER LETTER

Division of Corporations	
SUBJECT: SUNCOAST CLAIMS, INC.	·
(Name of Co	orporation)
DOCUMENT NUMBER: P05000141451	Marine to the second se
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
•	•
Don Wood	
(Name of Cor	ntact Person)
SUNCOAST CLAIMS, INC. (Firm/Co	
(FirmyCo	mpany)
000 0 1/10 10 1 0	oro
362 Gulf Breeze Parkway Suite (Addi	
(1 sau	
Gulf Breeze, Florida 32561	
(City/State an	d Zip Code)
For further information concerning this matter, please of	all:
Don Wood	
(Name of Contact Person)	at (817) 291-7259 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Depart	ment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Suncast Claims, Inc.
2. The principal	office address: 362 Gulf Breeze Parkway Suite 259 Golf Breeze, FC. 3276/
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: October 17, 2005 Document number: P05000141451
	d street address of the current registered agent and registered office on file with the rtment of State:
	Charles C. Garretson
	207 S. Baylen
	Pensacola, Fl. 32502
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered officer
	James H. Reddick
	207 S. Baylen St.
	lacksquare
	Pensacola, Fl. 32502
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
A della	Don Wood ire of an officer or
Thereby accent	the appointment as registered agent and agree to act in this capacity. The complete performance to comply with the provisions of all statutes relative to the proper and complete performance of a m familiar with and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
	Kn/ 11/14/08
/	mapure of Régistered Agent) (Date) half of an entity:
	yped or Printed Name)
(1	Abor or 1 import arried

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