

PD5000/4/457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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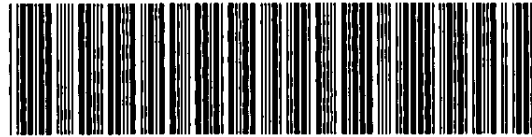
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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RA/RO change

JUN 11 2014

T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Suncoast Claims, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000141451

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:

Don Wood
Name of Contact Person

Suncoast Claims Inc
Firm/Company

P.O. 1201
Address

Bedford, TX 76095
City/State and Zip Code

documents@incorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Wood at 817, 291-7250
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Suncoast Claims, Inc.
2. The principal office address: 1600 AIRPORT FRWY #300, BEDFORD, TX 76022
3. The mailing address (if different): PO 1201 BEDFORD, TX 76095
4. Date of incorporation/qualification: 10/17/2005 Document number: P05000141451
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)
Wood, Don
362 Gulf Breeze Pkwy #259
Gulf Breeze, FL 32561
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
InCorp Services, Inc.
17888 67th Court North
P.O. Box NOT acceptable
Loxahatchee, FL 33470

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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.

✓ Don Wood President
Signature of an officer or director

Don Wood 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.

Josie A Sorensen
Signature of Registered Agent

May 19, 2014

Date

If signing on behalf of an entity:

Josie A Sorensen on behalf of Incorp Services, Inc.
Typed or Printed Name

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