

P06000055104

Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : SALVATORI & WOOD, BUCKEL, PL  
Account Number : 120030000112  
Phone : (239) 552-4100  
Fax Number : (239) 649-1706

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: scs@swbnaples.com

11 FEB 21 PM 3:19

FILED

REGISTERED AGENT CHANGE  
KEYS CLAIMS CONSULTANTS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

*RA Change*

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02/21/11

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Keys Claims Consultants, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P06000055104

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:

Blake W. Kirkpatrick  
Name of Contact Person

Salvatori, Wood & Buckel  
Firm/Company

9132 Strada Place, Fourth Floor  
Address

Naples, FL 34108  
City/State and Zip Code

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

For further information concerning this matter, please call:

Blake W. Kirkpatrick at ( 239 ) 552-4100  
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

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**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: Keys Claims Consultants, Inc.
2. The principal office address: 1025 5th Avenue North, Naples, FL 34102
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/18/08 Document number: P06000055104

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)

Mark S. Levine  
245 Virginia Street  
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Salvatori, Wood & Buckel  
9132 Strada Place, Fourth Floor  
Naples, FL 34108

P.O. Box NOT acceptable

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.

  
Signature of an officer or director

George W. Keys  
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.

  
Signature of Registered Agent

2/21/11

Date

If signing on behalf of an entity:

Blake W. Kirkpatrick  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2B045 (8/05)

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