

PO7000099113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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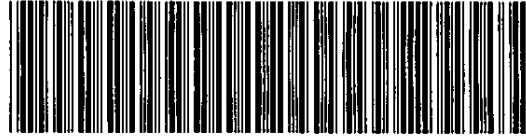
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

C.L.
4-28-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2015

GARY C. ROWLAND / AAA CLAIM CONSULTANTS INC
2910 KERRY FOREST PKWY D4-393
TALLAHASSEE, FL 32309 US

SUBJECT: AAA CLAIM CONSULTANTS, INC.
Ref. Number: P07000099113

We have received your document for AAA CLAIM CONSULTANTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Are you changing the registered agent address or the registered agent. If you are not changing the agent or the address for the registered agent. Please email the change of principal address.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 715A00006801

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AAA Claim Consultants, Inc.
Name of Corporation

DOCUMENT NUMBER: P07000099113

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:

Gary C. Rowland
Name of Contact Person

AAA Claim Consultants, Inc.
Firm/Company

2910 Kerry Forest Pkwy D4-393
Address

Tallahassee, FL 32309
City/State and Zip Code

gary@3aclaim.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary C. Rowland at (813) 969-1010
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: AAA Claim Consultants, Inc.
2. The principal office address: 2910 Kerry Forest Pkwy D4-393, Tallahassee, FL 32309
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/04/2007 Document number: P07000099113
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)

ROWLAND, GARY C. 7038 DARDWOOD LN, Tallahassee, FL 32312

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

GARY C ROWLAND 7038 DARDWOOD LANE
Tallahassee, FL 32312

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.

Gary C Rowland, President
Signature of an officer or director

Gary C. Rowland

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.

Gary C Rowland
Signature of Registered Agent

4/25/2015
Date

If signing on behalf of an entity:

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

CR2E045 (03/12)

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