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FAX No.

P. 001

8/14/2018

Division of Corporations

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

From: Account Name : INCOMP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2569

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

Email Address: documents@incorp.com

REGISTERED AGENT CHANGE
CONTENDER CLAIMS CONSULTANTS, INC.

Certificate of Status	0
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Page Count	03
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P. 002

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Contender Claims Consultants, Inc.
Name of Corporation

DOCUMENT NUMBER: P08000061321

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:

Katie Lawson
Name of Contact Person

InCorp Services, Inc.
Firm/Company

3773 Howard Hughes Pkwy. Suite 500S
Address

Las Vegas, NV 89169-6014
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:

Katie Lawson for InCorp Services, Inc. at (800) 246-2677 ext. 6930
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: Contender Claims Consultants, Inc.
2. The principal office address: 2600 S Douglas Rd Suite 1004
Coral Gables, FL 33134
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/24/2008 Document number: P08000061321

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)

Blue Planet Offices, Inc

C23 9Th Avenue

Key West, FL 33040

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

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

Guillermo Saavedra, 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.


Signature of Registered Agent

July 12, 2018

Date

If signing on behalf of an entity:

Katie Lawson on behalf of InCorp Services, Inc.

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

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