Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : PARANET CORPORATION SERVICES, INC.

Account Number : 120090000069

: (800)277-9977

: (800)815-0477

Fax Number

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

Email Address: LYNN.WEISS@BRIGHTCLAIM.COM



REGISTERED AGENT CHANGE COLONIAL CLAIMS CORPORATION

	A.V.
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C LEWIS

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COVER LETTER

TO: Amendment Section Division of Corporations		
COLONIAL CLAIMS CORPORATION SUBJECT:		
Name of Co	rporation	***************************************
DOCUMENT NUMBER:		
The enclosed Statement of Change of Registered Office	/Agent and fed	e are submitted for filing.
Please return all correspondence concerning this matter	to the following	ng:
LYNN WEISS		
Name of Con	lact Person	
C/O BRIGHTCLAIM, LLC		
Firm/Cor	mpany	
8010 ROSWELL ROAD, SUITE 200		
Addit	ess	
ATLANTA, GA 30350		
City/State and	d Zip Code	· · · · · · · · · · · · · · · · · · ·
LYNN.WEISS@BRIGHTCLAIM.COM		
E-mail address: (to be used for fu	ture annual r	eport notification)
For further information concerning this matter, please co	all:	
natalii Leiba-Paul	800	277-9977
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departs	nent of State,	
Malling Address	Stua	nt Auldwana.
Malling Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations P.O. Box 6327		sion of Corporations on Building
Tallahassee, FL 32314		Executive Center Circle
	Tail:	ahassee, FL 32301
		(((H15000307772 3)))

(((H15000307772 3)))

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stanues, this inge is submitted for a corporation organized under the laws of the State of FLORIDA or both, in the State of Florida.	-
	the corporation: COLONIAL CLAIMS CORPORATION	
1. The name of t	office address: 2200 BAYSHORE BLVD., DUNEDIN, FL 34698	
z, The principal	Office address,	
-	address (if different):	
4. Date of incor	poration/qualification: 12/20/2011 Document number: P11000107241	
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	C T CORPORATION SYSTEM	6 0 €
	1200 SOUTH PINE ISLAND ROAD	JAN -4
	PLANTATION, FL 33324	-
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	16 JAN -4 AH 8: 4
	NRAI Services, Inc.	.
	1200 South Pine Island Road	
	P.O. Box NOT peceptable	
	Plantation, Florida 33324	
The street addr as changed will	ress of its registered office and the street address of the business office of its registered ag I be identical.	ent,
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
-	Howard I Rosens Je	_
I hereby accep I further agree performance o agent. Or, if the hereby confirm	t the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered affice address, I n that the carporation has been notified in writing of this change.	,
By: NRALE	Brivices, Inc. 12/31/2015 guature of Registered Agent	_
If signing on b	ehalf of an entity:	
Namie Leiba-P	and - Special Assistant Scoretary	
	Typed or Printed Name (((H15000307772 3)))
	* * * FILING FEE: \$35.00 * * * MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE_	
N	MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

CR2C015 (03/12)