

P160000 22362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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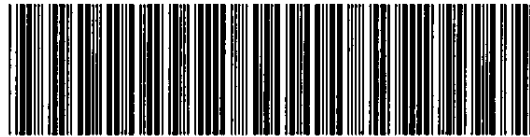
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Restoration Claims Contractors, Inc.
Name of Corporation

DOCUMENT NUMBER: P16000022362

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:

John Crescenti

Name of Contact Person

American restoration Claims Contractors, Inc.

Firm/Company

617 Stetson St,

Address

Orlando, FL 32804

City/State and Zip Code

john@arccinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Crescenti

Name of Contact Person

at (**407**) **883-6804**

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, a statement of change is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Restoration Claims Contractors, Inc.
2. The principal office address: 617 Stetson St., Orlando, FL 32804

3. The mailing address (if different): Po Box 547134, Orlando, FL 32854

4. Date of incorporation/qualification: 03/08/2016 Document number: P16000022362

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)

Tammy Seiber
617 Stetson St.
Orlando, FL 32804

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

John Crescenti
617 Stetson St.
Orlando, FL 32804

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.

Tammy Seiber
Signature of an officer or director

Tammy Seiber
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.

John Crescenti
Signature of Registered Agent

5/18/2016
Date

If signing on behalf of an entity:

John Crescenti
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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