

P17000005691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

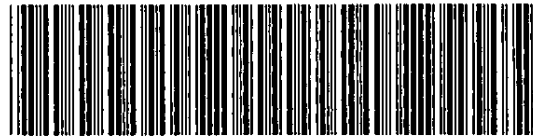
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

5/20/17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Imperial Claims Consulting Inc
Name of Corporation

DOCUMENT NUMBER: P17000005691

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:

Kenkway Chang

Name of Contact Person

Imperial Claims Consulting Inc

Firm/Company

13342 SW 152nd St #2709

Address

Miami FL 33177

City/State and Zip Code

imperialclaims.icc@gmail.com

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

For further information concerning this matter, please call:

Kenkway Chang

Name of Contact Person

at (954) 4009717

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: Imperial Claims Consulting Inc
2. The principal office address: 13342 SW 152nd Street Suite #2709 Miami, FL 33177
3. The mailing address (if different): 13342 SW 152nd Street Suite #2709 Miami, FL 33177
4. Date of incorporation/qualification: 01/17/2017 Document number: P1700000569
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)

9350 SW 137th Avenue

Suite #506

Miami, FL 33186

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

13342 SW 152nd Street

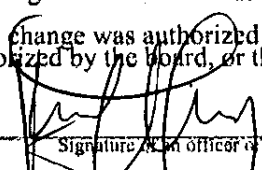
Suite #2709

P.O. Box NOT acceptable

Miami, FL 33177

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

Kenkway Chang - 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

04/14/2017

Date

If signing on behalf of an entity:

KENKWAY CHANG

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
CR28045 (03/12)