

P170000 15962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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FILED
JAN 10 2019
FBI - TAMPA

18 JAN - 8 AM 9:48

JAN 09 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2017

ANDREW BYER
13750 W COLONIAL DRIVE STE 252
WINTER GARDEN, FL 34787

← changed

SUBJECT: CENTRAL FLORIDA CLAIMS INC.
Ref. Number: P17000015962

We have received your document for CENTRAL FLORIDA CLAIMS 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):

CURRENT REGISTERED AGENT MUST BE LISTED

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 217A00023288

To Whom It May Concern,

I have printed and completed an updated form with the correct addresses and registered agent information.

Sincerely,

RECEIVED
18 JAN -8 PM 2:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Central Florida Claims Inc.

Name of Corporation

DOCUMENT NUMBER: P17000015962

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:

Andrew Byer

Name of Contact Person

Central Florida Claims Inc.

Firm/Company

1746 E Silver Star Rd, Ste 520

Address

Ocoee, FL 34761

City/State and Zip Code

drewbyer@gmail.com

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

For further information concerning this matter, please call:

Andrew Byer

Name of Contact Person

at (305) 793-6737

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: Central Florida Claims Inc.
2. The principal office address: 1746 E Silver Star Rd, Ste 520, Ocoee, FL 34761

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/16/17 Document number: P17000015962

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)

<u>Agent: Drew Byer</u>	<u>Office</u>
<u>11281 SW 240 Lane</u>	<u>13750 W Colonial Rd, Ste 252</u>
<u>Homestead, FL 33032</u>	<u>Winter Garden, FL 34787</u>

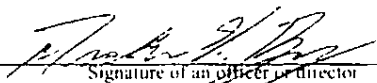
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Andrew Byer
1746 E Silver Star Rd, Ste 520
P.O. Box NOT acceptable
Ocoee, FL 34761

18 JAN -8 AM 9:48
FILED
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF ORANGE
FLORIDA


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

Andrew K Byer
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

Andrew K Byer 1-3-18
Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *