

P17000070043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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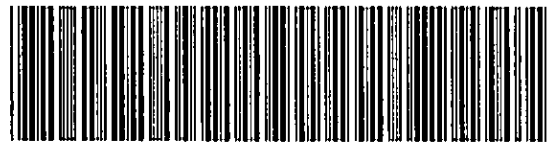
(Business Entity Name)

(Document Number)

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APR 15 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LONGO INSURANCE CLAIMS CONSULTING, INC.  
Name of Corporation

DOCUMENT NUMBER: P 17000070043

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:

ANTHONY LONGO

Name of Contact Person

LONGO INSURANCE CLAIMS CONSULTING, INC

Firm/Company

7054 SW 103 PL

Address

MIAMI, FL 33173

City/State and Zip Code

longo317@yahoo.com

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

For further information concerning this matter, please call:

Anthony LONGO

Name of Contact Person

at ( 305 ) 389-0938

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: LONGB INSURANCE CLAIMS CONSULTING, INC.
2. The principal office address: 7054 SW 103 PL MIAMI, FL 33173
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/21/2017 Document number: P17000070043
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)

Corporation Service Company

1201 HAYS STREET

TALLAHASSEE, FL 32301

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

ANTHONY P LONGO

7054 SW 103 PL

P.O. Box NOT acceptable

MIAMI, FL 33173

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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.

Anthony P Longo

Signature of an officer or director

ANTHONY P LONGO - 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.*

Anthony P Longo

Signature of Registered Agent

4/1/2019

Date

If signing on behalf of an entity:

ANTHONY P LONGO

Typed or Printed Name

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