

PI 17000082015

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : SMITH HULSEY & BUSEY
Account Number : 075030000653
Phone : (904)359-7700
Fax Number : (904)359-7708

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

Email Address: qnetzel@claimcentralusa.com

**REGISTERED AGENT CHANGE
CLAIM CENTRAL, INC.**

Certificate of Status	0
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RD/chg

JUL 24 2019

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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: Claim Central, Inc.
2. The principal office address: 5555 Gate Parkway, Suite 230, Jacksonville, FL 32256
3. The mailing address (if different): 5555 Gate Parkway, Suite 230, Jacksonville, FL 32256
4. Date of incorporation/qualification: 10/11/2017 Document number: P17000082015
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)
Quin Netzel
11667 Blackstone River Drive
Jacksonville, FL 32256
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
Quin Netzel
5555 Gate Parkway, Suite 230
P.O. Box NOT acceptable
Jacksonville, FL 32256

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

Quin Netzel, Managing Director

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

July 10, 2019

Date

If signing on behalf of an entity:

Quin Netzel

Typed or Printed Name

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