

P170000 83645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

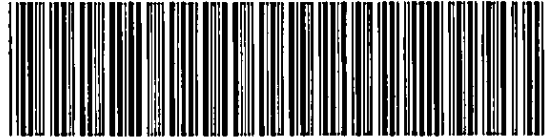
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

JUN 19 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Claimium Inc
Name of Corporation

DOCUMENT NUMBER: P17000083645

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:

Ana Van Hagen

Name of Contact Person

Claimium

Firm/Company

19046 Bruce B Downs Blvd #1271

Address

Tampa Palms/FL/33647

City/State and Zip Code

claimium@gmail.com

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

For further information concerning this matter, please call:

Ana Van Hagen

Name of Contact Person

at (

954

) 774 1216

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Claimium Inc.
2. The principal office address: 19046 Bruce B Downs Blvd #1271, Tampa, FL 33647
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/17, 2017 Document number: P17000083645
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)

UNITED STATES CORPORATION AGENTS, INC.

5575 S SEMORAN BLVD, SUITE 36

ORLANDO, FL 32822

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

Charles Cooper

19046 Bruce B Downs Blvd #1271

P.O. Box NOT acceptable

Tampa, FL 33647

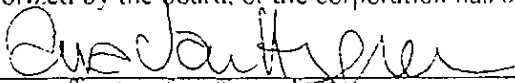
SECRETARY OF STATE
TALLAHASSEE, FL

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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.

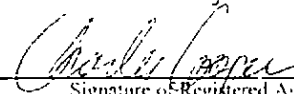
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Ana Van Hagen / 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

5/26/2020

Date

If signing on behalf of an entity:

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 (04/13)