

P18000 038 839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

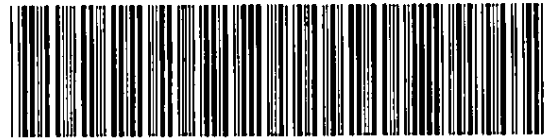
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rd/chg

DEC 26 2019
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLAIMS ADVISOR, INC.

Name of Corporation

P18000038839

DOCUMENT NUMBER: _____

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:

JOSE A. PEREZ

Name of Contact Person

CLAIMS ADVISOR, INC.

Firm/Company

(NEW) 8950 SW 74th COURT, SUITE 2201

Address

MIAMI, FL 33156

City/State and Zip Code

JOE@CLAIMSADVISOR.COM

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

For further information concerning this matter, please call:

JOSE A. PEREZ

305

979-8659

at (_____) _____

Name of Contact Person

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: CLAIMS ADVISOR, INC.
2. The principal office address: 8950 SW 74th COURT, SUITE 2201
MIAMI, FL 33156
3. The mailing address (if different): "SAME"

4. Date of incorporation/qualification: 04/25/2018 Document number: P18000038839

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)

JOSE A. PEREZ
6790 SW 122 DRIVE
PINECREST, FL 33156

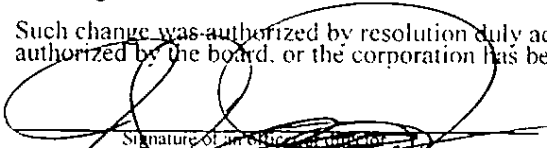
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOSE A. PEREZ
8950 SW 74th COURT, SUITE 2201
MIAMI, FL 33156

P.O. Box Not acceptable

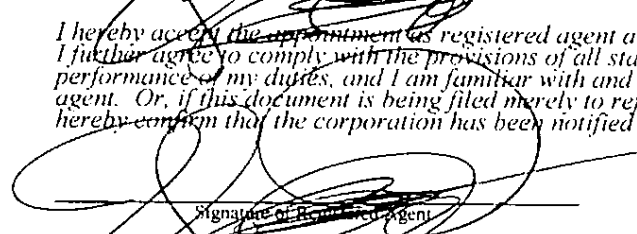
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 authorized officer

JOSE A. PEREZ, 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.

NOVEMBER 18, 2019

Date

If signing on behalf of an entity:

JOSE A. PEREZ

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 (03/12)

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