

P20 0000030632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

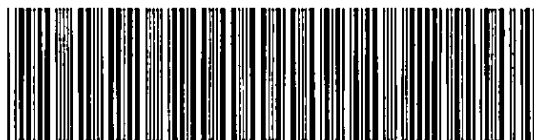
(Business Entity Name)

(Document Number)

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11/19/21--01005--007 **35.00

FILED
2021 NOV 19 PM 12 20
CLERK OF DISTRICT COURT
JANUARY 11, 2021

A. RAMSEY
DEC 13 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cameron Claims Management Corporation
Name of Corporation

DOCUMENT NUMBER: P20000030632

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:

John P. Carrigan, Esq.
Name of Contact Person

ROSS, Earle, Bonan and Ensor, P.A.
Firm/Company

789 SW Federal Highway, Suite 101
Address

Stuart, FL 34994
City/State and Zip Code

E-mail address: (to be used for future annual report notification)
jpc@rebiawpa.com

For further information concerning this matter, please call:

John P. Carrigan at (772) 287-1745
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
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: Cameron Claims Management Corporation
2. The principal office address: 1025 SW Martin Downs Blvd. Suite 204
Palm City, FL 34990
3. The mailing address (if different): 2740 SW Martin Downs Blvd. Suite 129 Palm City, FL 34990
4. Date of incorporation/qualification: 4/15/2020 Document number: P20000030632
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)

Ferraro, Nina
943 SW Central Park-way
Stuart, FL 34994

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

Russ, Earle, Bonan And Ensor, P. A.
789 SW Federal Highway, Suite 101
Stuart, FL 34994

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]
Signature of an officer or director

Aaron Penn
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]
Signature of Registered Agent

11/3/21
Date

If signing on behalf of an entity:

John P. Carrigan
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)

2021 NOV 19 PM 12 20
STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED