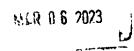
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: J. HO. MAY 2 2	?NE
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ALL CLAIMS PUBLIC ADJUSTER, INC Name of Corporation				
DOCUMENT NUMBER: P21000052366				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter	er to the following:			
WALTER PANONI				
Name of Contact Person				
ALL CLAIMS PUBLIC ADJUSTER				
Firm/Company				
222 YAMATO RD 106-283				
Address				
BOCA RATON, FL 33431				
City/State and Zip Code				
BMLENDING@GMAIL.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please	call:			
WALTER PANONI	at (888)722-5572			
Name of Contact Person	at (888) 722-5572 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.0502, 607.1. Summer is submitted for a corporation organized und ler to change its registered office or registered age.	ler the laws of the State of <u>Fl</u>	LORIDA
1. The name of	the corporation: ALL CLAIMS PUBLIC ADJUSTE	ER, INC	
2. The principal	al office address: 222 YAMATO RD 106-283, BOCA	. RATON, FL 33431	
2 The mailine	addraga (if different)		
The maning a Data of incor	address (if different):	P21000052	2366
5. The name an	nd street address of the current registered agent and artment of State: (If resigned, enter resigned)		
	VITOR DEOLIVEIRA		
	222 YAMATO RD SUITE 106-283		
	BOCA RATON, FL 33431		
6. The name and (if changed):	nd street address of the new registered agent (if cha	nged) and /or registered offic	2023 MAR - SECRETAR TALLAHASS
	BLUE MOUNTAIN LENDING, INC		HAR R
	222 YAMATO RD SUITE 106-283		1359 784 9-
	P.O. Box NOT acce BOCA RATON, FL 33431	ptable	PH I
The street addr as changed will	ress of its registered office and the street address	of the business office of its	registered agent.
_	vas authorized by resolution duly adopted by its b the board, or the corporation has been notified in		
Signati	We'd he bitier or director	top Deplice	<u>a</u>
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as registered agent and agree to comply with the provisions of all statutes relained I am familiar with and accept the obligation of the desired in the register is been notified in writing of this change. gradure of Registered Agent ehalf of an entity:	to act in this capacity. tive to the proper and composition as registered red office address, I hereby	olete performance agent. Or, if this confirm that the
Вил	e Mountain Lewin		
	* * * FILING FEE: \$35.0	00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)