

P95000048704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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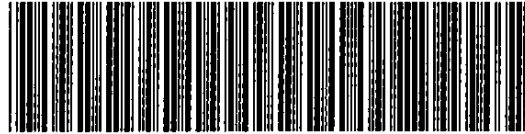
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Insurance claim consultants Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000048704

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:

Jane Delo  
(Name of Contact Person)

Insurance claim consultants Inc.  
(Firm/Company)

21328 Lake Vienna Dr.  
(Address)

Land O Lakes, FL 34638  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jane Delo at (813), 3936005  
(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: Insurance claim consultants, Inc.
- 2. The principal office address: 21328 Lake Vienna Dr.  
Land O' Lakes, FL 34638
- 3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 6/22/1995 Document number: P95000048704

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Insurance claim consultants Inc (Ron Delo, P)  
10014 Kingshyre way  
Tampa, FL 33647

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Insurance claim consultants Inc  
21328 Lake Vienna Dr.  
(P.O. Box NOT acceptable)  
Land O' Lakes, FL 34638 *NO registered agent change*

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)      Jane Delo, VP (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)      8/2/7 (Date)

If signing on behalf of an entity:  
Jane Delo.  
(Typed or Printed Name)

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