

P98000068334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

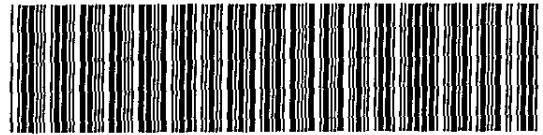
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700021495927

07/17/03--01055--009 **35.00

FILED
03 JUL 17 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

210 chg.
4/2/03
7/2/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amusement Claims Adjusters, Inc.
(Name of corporation)

DOCUMENT NUMBER: P 98000068334

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:

Charles Landrum
(Name of person)

(Name of firm/company)

Amusement Claims Adjusters
P.O. Box 142938
Gainesville, FL 32614

(City/state and zip code)

For further information concerning this matter, please call:

Charles Landrum at (352) 331-7182
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

**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: Amusement Claims Adjusters, Inc.
2. The principal office address: 526 SW 41st Street
Gainesville, FL 32607
3. The mailing address (if different): PO Box 142938
Gainesville, FL 32614
4. Date of incorporation/qualification: 7/31/1998 Document number: P98000068334
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Charles T. Landrum
1800 Bee Pond Road
Palm Harbor, FL 34683

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

Charles T. Landrum
526 SW 41st Street
(P.O. Box or personal mailbox NOT acceptable)
Gainesville, FL 32607

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.

Charles T. Landrum
(Signature of an officer, chairman or vice chairman of the board)

Charles T. Landrum, Pres.
(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.

Charles T. Landrum
(Signature of Registered Agent)

7/16/03
(Date)

If signing on behalf of an entity:

Charles T. Landrum
(Typed or Printed Name)

President
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
03 JUL 17 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA