

1/13/22 2:46 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.  
Account Number : I20160000086  
Phone : (561)508-5033  
Fax Number : (561)694-1639

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

**REGISTERED AGENT CHANGE  
AMT CLAIMS SERVICES, INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Y. SULKER  
JAN 14 2022 Help

**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: AMT CLAIMS SERVICES, INC.  
2. The principal office address: 800 SUPERIOR AVE 21 FLOOR, CLEVELAND, OH 44114

3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 05/14/1999 Document number: P99000044107  
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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

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

United Agent Group Inc.

801 US Highway 1

P.O. Box NOT acceptable

North Palm Beach, FL 33408

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  
authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Adia Myles, Attorney-in-Fact

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 of Registered Agent

1/13/2022

Date

If signing on behalf of an entity:

Adia Myles, Attorney-in-Fact

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)