I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

PRESIDENT

Entity Name: STEPHENS CLAIM SERVICES INC.

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

3601 SOUTH OCEAN BLVD. 108 SOUTH PALM BEACH, FL 33480

## **Current Mailing Address:**

3601 SOUTH OCEAN BLVD. 108 SOUTH PALM BEACH, FL 33480 US

### FEI Number: 86-1372628

#### Name and Address of Current Registered Agent:

FINN, MILTON 5575 S. SEMORAN BLVD. 36 ORLANDO, FL 32822 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: MILTON FINN	04/10/2023		
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	P, D	Title	T, S	
Name	FINN, MILTON L	Name	FINN, MILTON L	
Address	3601 SOUTH OCEAN BLVD., APT. 108	Address	3601 SOUTH OCEAN BLVD., APT. 108	
City-State-Zip:	SOUTH PALM BEACH FL 33480	City-State-Zip:	SOUTH PALM BEACH FL 33480	

SIGNATURE: MILTON L FINN

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 10, 2023 Secretary of State 1301624490CC

Certificate of Status Desired: No

04/10/2023 Date