(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate:	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



600199647456

address Change

05-11-2011

MR-VBL

Rivera, Maribel

From:

Sent:

RCerchio@aol.com Friday, April 01, 2011 2:33 PM

To:

CorpAddressChange

Subject:

Speciality Claim Consulting, Inc.

#

Please change the address on the corporation to read the following:

4700 Sheridan Street, Suite J Hollywood, Fl. 33021

This includes address of officer and mailing address. Thank you.

Michael Moran