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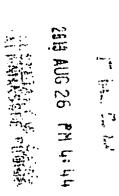
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	Secure Claims Services, Inc
	Name of Corporation
DOCU	P17000064802 MENT NUMBER:
	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Leslie Pedretti
	Name of Contact Person
	Secure Claims Services, Inc
	Firm/Company
	102 NE 2nd Street STE 279
	Address
	Boca Raton, Florida 33432-3908
	City/State and Zip Code
	Shopper247@mac.com
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	Pedretti 954 551-1968
	Name of Contact Person at () Area Code & Daytime Telephone Number
Enclos	ed 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

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	BOTH FOR CORPORATIONS	

Pursuant to the pastatement of cha	nge is submitted for a corporation organized under the laws of the State of Florida Florida
in order	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	Secure Claims Service,Inc.
2. The principal	102 NE 2nd Street Suite 279
	n, Florida 33432-3908
	7600 E. Cypresshead Drive ddress (if different):
4. Date of incorp	oration/qualification:
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Legalzoom.com,inc
	101 N. Brand Blvd., 11th Floor
	Glendale CA. 91203
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Leslie Pedretti
	7600 East Cypresshead Drive Parkland Fl 33067
	P.O. Box NOT acceptable
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
View Signatur	Heyin Red CEO Printed or typed name and title
I further agree to performance of a gent. Or, if this hereby confirms	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
If signing on bel	
Leslie	
	ped or Printed Name

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