

P 99000050005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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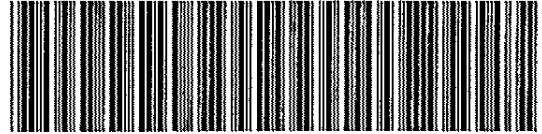
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STATEWIDE CLAIMS SERVICES, INC.
(Name of corporation)

DOCUMENT NUMBER: 999000050005

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:

ROGELIO A. MEDEROS
(Name of contact person)

STATEWIDE CLAIMS SERVICES, INC
(Firm/Company)

P.O. BOX 14-4446
(Address)

CORAL GABLES, FL 33114-4446
(City/state and zip code)

For further information concerning this matter, please call:

ROGELIO A. MEDEROS at (305) 476-9026
(Name of contact 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: STATEWIDE CLAIMS SERVICES, INC.
2. The principal office address: 100 MADEIRA AVENUE, SUITE 3,
CORAL GABLES, FL 33134
3. The mailing address (if different): P.O. BOX 14-4446,
CORAL GABLES, FL 33114-4446
4. Date of incorporation/qualification: 6/3/1999 Document number: P99000050005
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

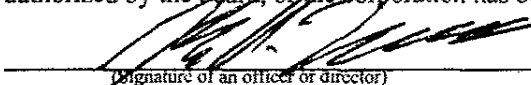
SPIEGEL & UTRERA
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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

ROGELIO A. MEDEROS
STATEWIDE CLAIMS SERVICES
(P.O. Box NOT acceptable)
100 MADEIRA AVENUE, SUITE 3,
CORAL GABLES, FL 33134

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.


(Signature of an officer or director)

ROGELIO A. MEDEROS
(Printed or typed name and title) PRESIDENT

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)

7/7/2005
(Date)

If signing on behalf of an entity:

(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