

Division of Corporations

F06000002187

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : US CORPWORKS INC.
Account Number : I20070000066
Phone : (303) 393-8800
Fax Number : (303) 393-8900

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REGISTERED AGENT CHANGE

TRUST TITLE COMPANY

Certificate of Status	0
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DIVISION OF CORPORATIONS

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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 VA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Trust Title Company
- 2. The principal office address: 8230 Boone Blvd, Ste 125, Vienna, VA 22182
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 04/04/2006 Document number: F06000002187
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:


CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box NOT acceptable)
Weston, FL 33331

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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 each officer or director)

Christopher W. Gardner, President
(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)

June 18, 2007
(Date)

If signing on behalf of an entity:
Michael Mirrone, Asst. Secy.
(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 (8/05)

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