## P03000 116141

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## **COVER LETTER**

TO: Amendment Division of C		
SUBJECT:	ASON TITLE COMPAI	04 /NC - oration
DOCUMENT NUM	BER: P03000 1141 47	7
The enclosed Statem	ent of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all corr	espondence concerning this matter to	the following:
	CAROL MASON Name of Contac	TaE of Person
_	MASON TITLE (I	OMPANY, INC
_	550 FAIRWAL Address	1. Drive, UNIT 105B
_	DEERFIELD BEACE City/State and Z	H, FLORIDA 33441 Lip Code
<del>-</del> 13	masont; the w be imail address: (to be used for future	Ilsouth. net reannual report notification)
For further informati	on concerning this matter, please call	:
	rviason ICE a of Contact Person	at ( <u>561</u> ) <u>417 - 8786</u> Area Code & Daytime Telephone Number
Enclosed is a \$35.00	check made payable to the Departme	nt 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

## 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 Fig. 1509. In order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MASON TITLE COMPANY, INC.  2. The principal office address: 550 FAIRWAY DRIVE, UNIT 105B,  DEERFIELD BEACH, FLORIDA 33441
2. The principal office address: 550 FAIRWAY DRIVE, UNIT 105B,
DEERFIED DEACH, FLORIDA 33441
3. The mailing address (if different): Some
4. Date of incorporation/qualification: 10/17/2003 Document number: P03000116147
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
CAROL MASON TCE
1499 W. GALMENO PARK RD ST. 416 BOCA RATON, FLORIDA 33486
BOCA RATON FLORION 33486
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CLAROL MASON JCE
550 FAIRWAY DRIVE, UNIT 105 B
DEERFIE D BEACH FLORIDA 33441
The street address of its registered office and the street address of the business office of its registered ager is 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  Consultation of the Signature of an officer or director  Consultation of the Signature of an officer or director  Consultation of the Signature of an officer or director
hereby accept the appointment as registered agent and agree to act in this capacity, 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 be confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent 8-30 - 19 Date
f signing on behalf of an entity:
Typed or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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