

582394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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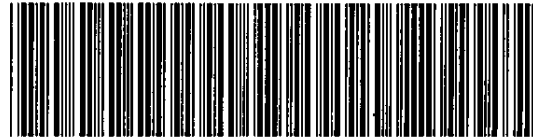
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PH

GLEN C. ABBOTT

ATTORNEY AT LAW

P.O. Box 2019
Crystal River, FL 34423

Phone: (352)795-5699
Fax: (352)795-0432

November 7, 2006

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: LAND TITLE INSURANCE OF CITRUS COUNTY, INC.
Document No. 582396

To Whom It May Concern:

The enclosed Statement of Change of Registered Agent is submitted for filing.

Please return all correspondence concerning this matter to the following:

Glen C. Abbott, Esq.
P.O. Box 2019
Crystal River, FL 34423

For further information concerning this matter, please call:

Glen C. Abbott, Esq. at 352/795-5699

Enclosed is a \$35.00 check payable to the Department of State.

Yours truly,


GLEN C. ABBOTT

GCA/nc
Enc.

cc: Julia G. Hudson
President
Land Title Insurance of Citrus County, Inc.

**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: LAND TITLE INSURANCE OF CITRUS COUNTY, INC.

2. The principal office address: 3899 S. Suncoast Blvd., Homosassa, Florida

3. The mailing address (if different): Post Office Box 2049, Homosassa Springs, FL 34447

4. Date of incorporation/qualification: 5/17/1989 Document number: 582396

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William J. Hudson

U.S. Highway 19 & SR 490, P.O. Box 2049

Homosassa Springs, FL 34447

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

Julia G. Hudson

3899 S. Suncoast Blvd.

(P.O. Box NOT acceptable)

Homosassa, FL 34448

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.

Julia G. Hudson
(Signature of an officer or director)

Julia G. Hudson, 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.

Julia G. Hudson
(Signature of Registered Agent)

10-24-06
(Date)

If signing on behalf of an entity:

Julia G. Hudson
(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

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