F0000005889

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Či	ty/State/Zip/Phone	e#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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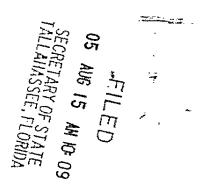
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: RESIDENTIAL TITLE SERVICES, INC. (Name of corporation)
	(Ivaine of corporation)
DOCU	JMENT NUMBER: F00000005889
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	ANTHONY LATHAM (Name of contact person)
	(Name of contact person)
	RESIDENTIAL TITLE SERVICES, INC. (Firm/Company)
	17757 US 19 NORTH, SUITE 250
	(Address)
	CLEARWATER, FLORIDA 33764
	(City/state and zip code)
For fu	rther information concerning this matter, please call:
ANTH	ONY LATHAM at (727) 530-9400 (Name of contact person) (Area code & daytime telephone number)
	(Name of contact person) (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 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of ILLINOIS
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: RESIDENTIAL TITLE SERVICES, INC.
2. The principal	office address: 1910 SOUTH HIGHLAND, SUITE 150, LOMBARD, IL 60148
3. The mailing of	address (if different):
J. The manning e	address (if different).
4. Date of incor	poration/qualification: 10/20/2000 Document number: F00000005889
	I street address of the current registered agent and registered office on file with the rtment of State:
	ANTHONY LATHAM
	7605 SOUTHERN BROOK BEND, #302
	TAMPA, FL 33635
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	ANTHONY LATHAM
	17757 US 19 NORTH, SUITE 250
	(P.O. Box NOT acceptable)
	CLEARWATER, FL 33764
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Mart P (Signation	ROBERT P. REYNOLDS . PRESIDENT (Printed or typed name and title)
I hereby accept I further agree of my duties, all document is bei corporation has	the appointment as registered agent and agree to act in this capacity. In comply with the provisions of all statutes relative to the proper and complete performance and it is a lamiliar with and accept the obligation of my position as registered agent. Or, if this no filed merely to reflect a change in the registered office address, I hereby confirm that the spen notified in writing of this change.
(Si	gnature of Registered Agent) 8 9 2005 (Date)
If signing on be	half of an entity:
ANTHONY 1	ATHAM yped or Printed Name)

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