F04000004703

(D.		
(Re	equestor's Name)	
(Ac	ldress)	
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(Cir	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer	· · · · · · · · · · · · · · · · · · ·
Special instructions to	rining Officer.	
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12 CRE FARY OF STATE AND ASSEE, FLORIDA

T. Roberts AUG 2.2 2007

COVER LETTER

Division of Corporations
SUBJECT: Choice 1 Title Co., Inc.
(Name of Corporation)
DOCUMENT NUMBER: F04000004703
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:
·
Victoria Oakly (Name of Contact Person)
(Name of Contact Person)
Choice 1 Title Irc. (Firm/Company)
3801 Springhurst Blvd., Ste202
Louis Ville, KY 40241 (City/State and Zip Code)
For further information concerning this matter, please call:
Victoria Oakley at (502) 657-1832 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Area Code & Daytine Telephone Number)
Englaced is a \$25.00 shoots made mayable to the Denoutment of State

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the ange is submitted for a corporation organized under the laws of the State of Ohio er to change its registered office or registered agent, or both, in the State of Florida.	nis
	the corporation: Choice 1 Title Co., Inc. I office address: 9525 Kenwood Rd., Ste 16-227 Blue Ash, OH 45242	
3. The mailing a	address (if different): 3801 Springhurst Blvd., Ste 202 Louisville, KY 40241	
4. Date of incorp	rporation/qualification: 8/16/2004 Document number: F04000004703	- ··
	d street address of the current registered agent and registered office on file with the artment of State:	788 9
•	Stivers, H B	ALGAE ALGAE
	245 East Virginia Street	20 ASSI
	Tallahassee, FL 32301	THE STATE OF THE S
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	OF STATE EE. FLORIDA
	Pacific Registered Agents, Inc.	
	92 Sadberry Road	
	(P.O. Box NOT acceptable) Quincy, FL 32351	
The street address changed will	ess of its registered office and the street address of the business office of its registered be identical.	ed agent,
Such change wa authorized by th	as althorized by resolution duly adopted by its board of directors or by an officer so he board, by the corporation has been notified in writing of the change.	
(Signatu	Dennis L. Matingly More of an officer or director) Dennis L. Matingly More of an officer or director)	sident
I hereby accept I further agree t of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligation of my position as registered agent. (ing filed merely to reflect a change in the registered office address, I hereby confirm s been notified in writing of this change.	formance Or, if this that the
	August 9, 2007	
(Sig	gnature of Registered Agent) (Date)	
If signing on be	ehalf of an entity:	
	Mathias, President Typed or Printed Name)	
(1	1) bog of 1 times traine)	

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