F07000000610

| (Requestor's Name) | |
|---|-------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone | e #) . |
| PICK-UP WAIT | MAIL |
| (Business Entity Nar | ne) |
| (Document Number) | |
| Certified Copies Certificates | s of Status |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |
| | |

Office Use Only



000098181880

05/15/07--01032--014 **35.00

2007 MAY 15 PH 3: 55

Cs 1,5/07

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: CROWN ESCROW SERVICES INC. (Name of Corporation) |
| DOCUMENT NUMBER: F0700006/0 |
| 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: |
| Scan McCart (Name of Contact Person) |
| Crown Escrow Services, Inc. (Firm/Company) |
| 2759 SR # 580 Suite 111 (Address) |
| Clearwater FL 303761 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Sean McCart at (727) 858-6463 (Area Code & Daytime Telephone Number) |
| 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

. 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 Deleware in order to change its registered office or registered agent, or both, in the State of Florida. |
|--|
| 1. The name of the corporation: Crown Escrow Services, Inc. 2. The principal office address: 2759 SR 580, Suite III |
| Clear water F2 33761 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 01/31/07 Document number: F0700006/0 |
| 5. The name and street address of the current registered agent and registered office on file with the |
| Florida Department of State: Scholar Tobin 3992 Orchard Hill Cie. |
| Palm Horbor, Fl. 34684 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Sean McCarT |
| 2759 SR 580, Suite 111 (P.O. Box NOT acceptable) Clearwater, FL 33761 |
| 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. |
| (Finted 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. |
| MCG (Signature of Registered Agent) 4/26/07 (Date) |
| If 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 (8/05)

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