

F070000003754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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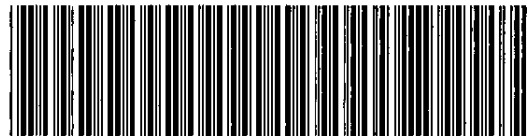
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
11 APR 28 PM 1:00

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10 5/3/11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Title Group DBA Title Trace, Inc  
Name of Corporation

DOCUMENT NUMBER: F07000003756

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:

Tracey Cyenas  
Name of Contact Person

The Title Group Inc  
Firm/Company

11660 Theatre Dr N, Ste 210  
Address

Champlin MN 55316  
City/State and Zip Code

Tracey@TheTitleGroupInc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracey Cyenas at (763) 746-9494  
Name of Contact Person 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 MN in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Title Group Inc, DBA Title Trace Inc
2. The principal office address: 11660 Theatre Dr N, Ste 210  
Champlin MN 55316
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/23/2007 Document number: EO700000 3756
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)

Julie Carnevale  
320 West Kennedy, Ste 600  
Tampa FL 33606

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

Julie Carnevale  
18534 Dale Mabry Hwy N  
P.O. Box NOT acceptable  
Lutz FL 33548

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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.

[Signature]  
Signature of an officer or director

Tracey Greenas 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.

Julie P. Carnevale  
Signature of Registered Agent

4-25-11  
Date

If signing on behalf of an entity:

Julie P. Carnevale  
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  
CR2E045 (8/05)