

F12000001883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

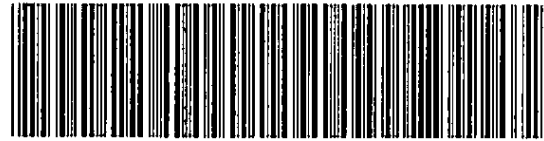
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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800362442698

*Amend*

04/05/21--01034--004 \*\*35.00

2021 JUL 12 AM 9:31  
OFFICE OF THE CLERK  
TAMU-HOUSE, F1000

FILED

JUL 13 2021

A RAMSEY

\*E00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 JUL 12 PM 1:39

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

June 3, 2021

DUSTIN SECOR  
AMERICA'S TITLE CORP  
7040 SOUTH SHORE DRIVE  
PASADENA, FL 33707

SUBJECT: AMERICA'S TITLE CORPORATION  
Ref. Number: F12000001883

We have received your document for AMERICA'S TITLE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a Florida corporation and your entity is a foreign (out of state) corporation. I have enclosed the correct form for you to fill out and return to us.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
OPS

Letter Number: 421A00012076

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: America's title Corporation  
Name of Corporation

DOCUMENT NUMBER: F 12 00000 1883

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dustin Secor  
Name of Contact Person

America's title  
Firm/Company

14 7040 So Shore Dr  
Address

So Pasadena FL 33707  
City/State and Zip Code

Dustin @ americas title.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dustin Secor at ( 727 ) 798 0834  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee      ☐ \$43.75 Filing Fee & Certificate of Status      ☐ \$43.75 Filing Fee & Certified Copy      ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

2007 JUL 12 AM 9:31  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. F 1200000 1883  
(Document number of corporation (if known))

1. America's Title Corporation  
(Name of corporation as it appears on the records of the Department of State)

2. WY  
(Incorporated under laws of)

3. 4/30/12  
(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? NO
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

NO  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

NO  
(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent N/A  
\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**


*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Dustin Secor	14001 n. Dale Mabry	<input type="checkbox"/> Add
		Tampa FL 33618	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
CEO	Brian Woods	14001 n Dale Mabry	<input checked="" type="checkbox"/> Add
		Tampa FL 33618	<input type="checkbox"/> Remove
Pres	Brian Woods	14001 n Dale Mabry	<input checked="" type="checkbox"/> Add
		Tampa FL 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Dustin Secor

(Typed or printed name of person signing)

Pres

(Title of person signing)

FILING FEE \$35.00