

FILE 0000000470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

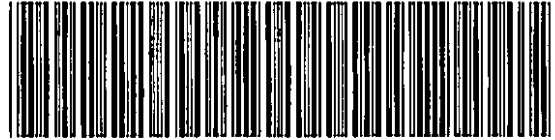
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RA Change

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D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Homeland Title Agency
Name of Corporation

DOCUMENT NUMBER: F16000000470

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:

John J Yonas

Name of Contact Person

American Homeland Title Agency

Firm/Company

9656 Cincinnati Columbus Rd.

Address

Cincinnati, OH 45241

City/State and Zip Code

JYonas@AmericanHomelandTitle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Yonas

Name of Contact Person

at (**513**) **863-9100**

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2022

JOHN J YONAS
AMERICAN HOMELAND TITLE AGENCY
9656 CINCINNATI COLUMBUS RD
CINCINNATI, OH 45241

SUBJECT: AMERICAN HOMELAND TITLE AGENCY, INC.
Ref. Number: F16000000470

We have received your document for AMERICAN HOMELAND TITLE AGENCY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must have 2 signatures on this form. You are missing the signature for the office or director of the corporation.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 222A00026890

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Homeland Title Agency

2. The principal office address: 9656 Cincinnati Columbus Rd.
Cincinnati, OH 45241

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/01/2016 Document number: F16000000470

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)

Resigned

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

Registered Agents Inc.

7901 4th St N STE 300

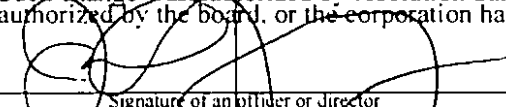
P.O. Box NOT acceptable

St. Petersburg FL 33702

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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 of an officer or director

John J. Jonas
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.

Bill Havre
Signature of Registered Agent

8/11/22
Date

If signing on behalf of an entity:

Bill Havre
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