G07328

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|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| · |
| (Business Entity Name) |
| (Decument Murch a) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE TALLAHASSEE, FI ORIDA

p.A. Chora

C Coullette July 2 4 2006

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: TAMPA BAY TITLE SERVICES FAC (Name of Corporation) |
| DOCUMENT NUMBER: # 607328 |
| 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: |
| (Name of Contact Person) |
| (Firm/Company) |
| 435 South Bulfstream tre Unit 603 (Address) |
| SARASOFA Fl 34236. (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Name of Contact Person) at (941) 365-5475 (Area Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to the Department of State. |

Amendment Section

TO:

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 Florida. |
|---|
| 1. The name of the corporation: Tampa Bay title SERVICES, Inc. 2. The principal office address: 485 South Duffstream AVE Unit 603 SARASO FA FI 34276 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 11/05/82 Document number: # C507328 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| David A. Cibulas ERR & |
| ZGGY WATNUT DR BE E |
| PAlon Harbon P 34687 FF |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| SARASOTA FI 34683 |
| 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, of the corporation has been notified in writing of the change. |
| (Signature of an officer or director) DAVID C. 6 a 175 PRES (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. |
| (Signature of Registered Agent) (Signature of Registered Agent) (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 * * *