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(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	· #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT:	ATLANTIC TITLE, IN				
DOCUMENT NUMBER: J73493					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all corresponde	ence concerning this matter to the	e following:			
CHARLES H. BURNS					
	(Name of Contact I	rerson)			
ATLANTIC TITLE, INC. (Firm/Company)					
	(Firm/Compan	y)			
108 INTRACOASTAL POINTE DRIVE, #100 (Address)					
JUPITER, FL 33477 (City/State and Zip Code)					
For further information concerning this matter, please call:					
CHARLES H. BUI	RNS at (747-2600 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.					
Div P.O	iling Address: nendment Section vision of Corporations D. Box 6327 lahassee, 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

statement of change is subm	of sections 607.0502, 617.0502 itted for a corporation organization its registered office or register	zed under the laws of the St	ate of FLORIDA		
1. The name of the corporati	f the corporation: ATLANTIC TITLE, INC.				
2. The principal office addre					
3. The mailing address (if di	fferent): SAME				
4. Date of incorporation/qua	lification: 05/19/1987	Document number:	J73493		
5. The name and street addre Florida Department of Sta	ess of the current registered agate:	ent and registered office on	file with the		
•		i			
1080 E. INDIANTOWN ROAD ; 💆 👊					
JUPITE	R, FL 33477	: :	LARE ARE		
6. The name and street addre (if changed):	ess of the new registered agent	(if changed) and /or registe	26 PH 3: 1 ARY OF STA		
108 IN	TRACOASTAL POIN	ITE DRIVE, SUITE	100 gm 1		
JUPITE	(P.O. Box NOT acceptable) ER, FL 33477				
The street address of its reg as changed will be identica	gistered office and the street a	ddress of the business off	ice of its registered agent,		
Such change was authorized authorized by the board, or	d by resolution duly adopted the corporation has been not	by its board of directors of ified in writing of the char	or by an officer so nge.		
(Signature of an officer	, ·	CHARLES H. BURI	name and title)		
I hereby accept the appoint I further agree to comply w of my duties, and I am fami document is being filed me corporation has been notification.	tment as registered agent and vith the provisions of all statu iliar with and accept the obliver rely to reflect a change in the led in writing of this change.	l agree to act in this capac tes relative to the proper o gation of my position as re registered office address,	city. and complete performance egistered agent. Or, if this I hereby confirm that the		
(Signature of Regis	stered Agent)	01/17/2007 Date)	,		
If signing on behalf of an e					
CHARLES H. BURN (Typed or Printed					

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 * * *