

K79602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

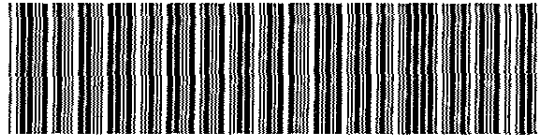
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2007 SEP 11 AM 10:12

As 9/17/07  
RA/WD

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SUNCOAST TITLE AGENCY OF TAMPA, INC.  
(Name of Corporation)

DOCUMENT NUMBER: K79602

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:

ANN HIBBARD  
(Name of Contact Person)

SUNCOAST TITLE AGENCY OF TAMPA, INC.  
(Firm/Company)

2901 W BUSCH BLVD SUITE 307  
(Address)

TAMPA, FL 33618  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANN HIBBARD at ( 813 ) 935-4900  
(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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: SUNCOAST TITLE AGENCY OF TAMPA, INC.
2. The principal office address: 2901 W BUSCH BLVD SUITE 307  
TAMPA, FL 33618
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: APRIL 12, 1989 Document number: K79602
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LINDA COPLON

1390 GULF BLVD PENTHOUSE 3

CLEARWATER BEACH, FL 33767

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

ANN HIBBARD

2901 W BUSCH BLVD SUITE 307

(P.O. Box NOT acceptable)

TAMPA, FL 33618

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)

ANN HIBBARD, 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.*

  
(Signature of Registered Agent)

09/01/07

(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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)

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