

Requester's Name  
**P00000001360**

Address

**SOUTHEASTERN ALLIANCE TITLE AGENCY  
354 NE 1st Avenue  
Delray Beach, FL 33444**

Office Use Only

**FILED**  
01 MAY -7 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT # (S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
**600004140196--3**
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
**-05/07/01--01149--013**  
**\*\*\*\*\*35.00 \*\*\*\*\*35.00**
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

*RA chg  
KRC 5-14*

**Examiner's Initials**

*(2)*

**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : SE VISTA TITLE COMPANY

2. The mailing address of the corporation : 354 NE 1st AVENUE  
DELRAY BEACH, FLORIDA 33444

3. Date of incorporation/qualification: JANUARY 6, 2000 Document number: PO0000061360

4. The name and address of the current registered agent and office:  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324

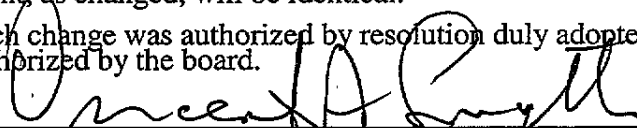
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

BARBARA F. GUSTIN  
354 NE 1st AVENUE  
DELRAY BEACH, FLORIDA 33444

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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.

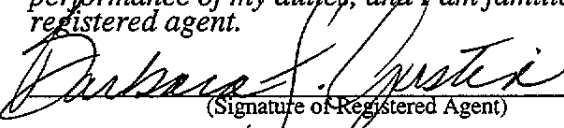
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

  
(Signature of an officer, chairman or vice chairman of the board)

5/3/01  
(Date)

VINCENT A. SMYTH PRES  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

 4-24-2001  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

BARBARA F. GUSTIN REGISTERED AGENT  
(Typed or Printed Name) (Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*