

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

CR2E031(7/97)

Office Use Only

Examiner's Initials

CORPORATION NAME(U)	CR(S), (if known):		
1(Corporation Name)	(Document#) 00000414 0190 -05/07/0101149011 *****35.00 *****35.00		
2. (Corporation Name)	(Document #)		
3(Corporation Name)	(Document #)		
4. (Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy 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		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	- •	is 607.0502, 617.0502 ed under the laws of the		1308, Florida Statutes, DA
•	•	•	-	stered agent, or both, in
the State of Florida	•			
1. The name of the	corporation:	STEPHENS TITLE	coj	
2. The mailing addr	ress of the corporat	tion: 354 NE 1s	t AVENUE	
		DELRAY BE	ACH, FLORIDA	33444
3. Date of incorpor	ation/qualification	EFEBRUARY 1, 20	000 Document numb	per: <u>P00000016644</u>
4. The name and ad	dress of the curren	nt registered agent and	office:	
	CT CO	RPORATION SYSTE	EM .	_ ·
•	1200	SOUTH PINE ISLA	ND ROAD	
,		ATION, FLORIDA		
5. The name and ad	dress of the new re	egistered agent (if char (P. O. Box Not Accep	- · -	ed office (if changed):
	BARBA	RA F. GUSTIN		
····	354 N	R 1st AVENUE		7 PP
		Y BEACH, FLORIC		- FS = C
The street address of agent, as changed,	of its registered of will be identical.	fice and the street add	ress of the business	office of Ristregistered
Such change was a authorized by the b	uthorized by resoft oard.	ution duly Adopted by	its board of directo	rs or by an officer so $5/3/07$
(Signature of an	officer, chairman or vio	ce citairman of the board)		(Date)
VINC	ENT A SMYTH (Printed or typed name	and title)		
corporation, I here I further agree to c	by accept the appoint of the property with the property with the property with the property and the property with the pr	ent and to accept serv ointment as registered ovisions of all statutes familiar with and acce	l agent and agree to relative to the prot	e act in this capacity. Ser and complete
Dubria (Signal	ture of Registered Agen	t) .	H/24/27 (Date)	0/
If signing on behalf of	an entity:			
BARBA (Type	RA F. GUSTIN d or Printed Name)	,	REGISTERED A (Capacit	

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