

P00000097334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

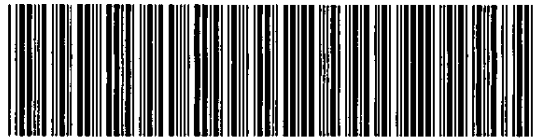
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789
614
677

Office Use Only



200160870312

09/28/09--01007--012 **35.00

09 OCT -9 PM 4:41

RECEIVED
SECRETARY OF
FLORIDA
TALLAHASSEE, FLORIDA

PAID
10/1/09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2009

ILEANA TORRES
8500 SW 8 STREET
SUITE 256
MIAMI, FL 33144

SUBJECT: FLAMINGO TITLE INSURANCE AGENCY INC.
Ref. Number: P00000097334

We have received your document for FLAMINGO TITLE INSURANCE AGENCY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 409A00031743

RECEIVED
SEP 30 9 00 AM '09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLAMINGO TITLE INSURANCE AGENCY, INC.
Name of Corporation

DOCUMENT NUMBER: P 00000097334

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:

ILEANA TORRES
Name of Contact Person

FLAMINGO TITLE INSURANCE AGENCY, INC.
Firm/Company

14255 SW 20 TERRACE
Address

MIAMI, FLORIDA 33175
City/State and Zip Code

ILEANA@FLAMINGOTITLEINSURANCE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ILEANA TORRES at (305) 606-5167
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: FLAMINGO TITLE INSURANCE AGENCY, INC.
2. The principal office address: 8500 SW 8 STREET, SUITE 256, MIAMI, FLORIDA 33144

3. The mailing address (if different): 14255 SW 20 TERRACE, MIAMI, FLORIDA 33175

4. Date of incorporation/qualification: 10/16/2000 Document number: P00000097334

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

FLAMINGO TITLE INSURANCE AGENCY, INC.

3191 SW 22 STREET, UNIT 621, MIAMI, FLORIDA 33145

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

ILEANA TORRES

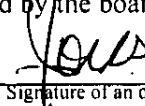
14255 SW 20 TERRACE, MIAMI, FLORIDA 33175

P.O. Box NOT acceptable

09 OCT -9 PM 4:41
REGISTERED AGENT
FILED
TALLAHASSEE, FLORIDA

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.

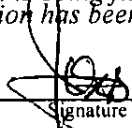


Signature of an officer or director

ILEANA TORRES, 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

10/6/09

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