POLOCOPOIT679

Attorneys at Law

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June 11, 2001

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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Harborside Title Services, Inc.

Dear Sir or Madam:

Enclosed please find Statement of Change of Registered Office along with check in the amount of \$35.00 for filing fee.

PLEASE NOTE: Please also change the mailing address and principal address of the corporation to 201 West Marion Ave., Suite 104, Punta Gorda, FL 33950. Thank you.

Sincerely,

Ellen S. Maher

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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: Harborsido Title Services I~c.	
The factor of the corporation.	لد
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2. The mailing address of the corporation: 201 West Marion Ave.,	-
Svite 104, Penta Gorda, FL 33950	
3. Date of incorporation/qualification: 02/16/01 Document number: P01000017679	
4. The name and address of the current registered agent and office:	٠.
Ellew S. Maher C/o Arlewe Austin P. A. Soite 201 Naples, FL 337 34108 5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)	
Eller S. Maher	
201 West Marion Ave, Suite 104 Punta Gorda, FL 33950	
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	-
06/11/01	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
Ellen S. Maher, Director, President	
(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.	ž.
(Signature of Registered Agent) (Date)	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	_
CR2E045(9/00)	
DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314	