

P01000024284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

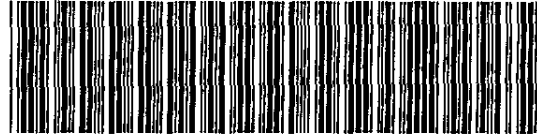
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TALLAHASSEE, FLORIDA

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11/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami Trust Title Co. Inc.

(Name of corporation)

DOCUMENT NUMBER: P01000024284

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:

Maria E. Liriano

(Name of contact person)

Miami Trust Title Co.

(Firm/Company)

5793-A NW 151 Street

(Address)

Miami Lakes, Florida 33014

(City/state and zip code)

For further information concerning this matter, please call:

Maria E. Liriano

(Name of contact person)

at

(305) 827-0555

(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
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE
FLORIDA
SUSAN K. GIBBS

1. The name of the corporation: Miami Trust Title Company

2. The principal office address: 5793-A NW 151 Street, Miami Lakes, Florida 33014

3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: March 8, 2001 Document number: P01000024284

Maria E. Liriano

~~5793-A NW 151 Street~~ 1800 West 49 Street, Ste. 219

~~Miami Lakes, Florida 33014~~ Hialeah, FL 33012

Maria E. Liriano

5793-A NW 151 Street

(P.O. Box NOT acceptable)

Miami Lakes, Florida 33014

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)

MARIA E. L. R. M. W. 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)

10/25/04
(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