

PD1000024601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

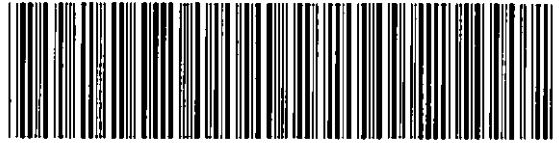
(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 JUL 10 PM 2:45

FILED

LYNN WALKER WRIGHT, P.A.

PROFESSIONAL ASSOCIATION
ATTORNEY AND COUNSELOR AT LAW

LYNN WALKER WRIGHT
ALSO ADMITTED IN GEORGIA

TEL. (407) 656-5500
FAX. (407) 656-5898

2813 S. HIAWASSEE ROAD
SUITE 102
ORLANDO, FLORIDA 32835

July 1, 2024

Via Priority Mail – Conf. Delivery

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**RE: *Resignation of Officer
Change of Registered Agent
Treasure Title Insurance Agency, Inc. – Dc # P01000024601
Our File Number: 1434-003***

Dear Sir/Madam:

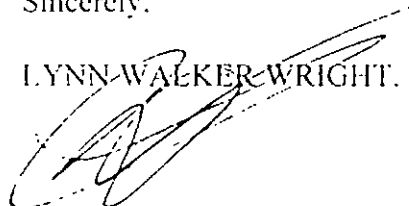
Enclosed for filing please find the following:

1. Check # 10755 in the amount of \$35.00 – Fee for Officer/Director Resignation for a Corporation
2. Check # 10751 in the amount of \$35.00 – Fee for Statement of Change of Registered Office or Registered Agent or Both
3. Transmittal Letter Officer/Director Resignation for a Corporation; and
4. Cover Letter for Statement of Change of Registered Office/Agent.

If you would be so kind as to provide this office with verification of the changes it would be appreciated. I have enclosed a stamped, self-addressed envelope for your convenience. Thank you for your assistance in regards to this matter.

Sincerely,

LYNN WALKER WRIGHT, P.A.



LYNN WALKER WRIGHT, ESQ.

LWW:mtb
Enclosures – originals / Checks

FILE
2024 JUL 10 PM
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: P01000024601

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:

JOANNE QUARLES

Name of Contact Person

TREASURE TITLE INSURANCE AGENCY, INC.

Firm/Company

12200 WEST COLONIAL DRIVE, SUITE 200B

Address

WINTER GARDEN, FLORIDA 34787

City/State and Zip Code

Joanne@treasuretitle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JoAnne Quarles

Name of Contact Person

at (407)

654-8811

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: TREASURE TITLE INSURANCE AGENCY, INC.
2. The principal office address: 12200 WEST COLONIAL DRIVE, SUITE 200B, WINTER GARDEN, FLORIDA
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: _____ Document number: P01000024601
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)

CASSANDRA SAUNDERS

12200 W. Colonial Drive, Suite 200B

Winter Garden, Florida 34787

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

Lynn Walker Wright, P.A.

2813 S. Hiawassee Road, Suite 102

P.O. Box NOT acceptable

Orlando, FL 32835

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.

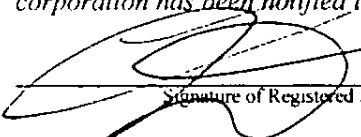


Signature of an officer or director

JoAnne Quarles, 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

7/1/2024

Date

If signing on behalf of an entity:

Lynn Walker Wright, President

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
CR2E045 (04/13)

FILED
2024 JUL 10 PM 2:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA