P01000037829

(Re	questor's Name)		
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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RO Change New's 11/02/06--01020--024 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TRANCO TITLE, INC. (Name of Corporation)
DOCUMENT NUMBER: P01000037829
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:
MICHAEL J. BEASLEY (Name of Contact Person)
TRANCO TITLE, INC. (Firm/Company)
638 PUTNAM AVENUE (Address)
ORLANDO, FLORIDA 32801 (City/State and Zip Code)
For further information concerning this matter, please call:
MICHAEL J. BEASLEY (Name of Contact Person) at (407) 254 - 5101 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State. 407- 421- 5055

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1 unge is submitted for a corporation organized und	ler the laws of the State of FLORIDA		
	er to change its registered office or registered age	nt, or both, in the State of Florida.		
	the corporation: TRANCO TITLE, INC.			
2. The principal	office address: 638 PUTNAM AVENUE, OF	RLANDO, FLORIDA 32801		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 04/11/2001 De	ocument number: P01000037829		
	d street address of the current registered agent and rtment of State:			
	<u> </u>			
	2226 NELA AVE.			
	ORLANDO, FLORIDA 32809	SSET 2 F		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	638 PUTNAM AVENUE			
	(P.O. Box NOT acceptable)			
	ORLANDO, FLORIDA 32801			
The street addre	ess of its registered office and the street address l be identical.	of the business office of its registered agent,		
Such change was authorized by the	as authorized by resolution duly adopted by its he board, or the corporation has been notified in	board of directors or by an officer so writing of the change.		
Michael	J. Beauty MIC	HAEL J. BEASLEY (Printed or typed name and title)		
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and agree to comply with the provisions of all statutes rela nd I am familiar with and accept the obligation ing filed merely to reflect a change in the regist s been notified in writing of this change.	to act in this capacity. ntive to the proper and complete performance of my position as registered agent. Or, if this ered office address, I hereby confirm that the		
Michael	gnature of Registered Agent) 10/3	30/2006 (Date)		
If signing on bel	chalf of an entity:			
	J. BEASLEY			
(T	Typed or Printed Name) * * * FILING FEE: \$35.	00 * * *		
	LIUMO LEE: 932	·VV		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)