

PD2000019765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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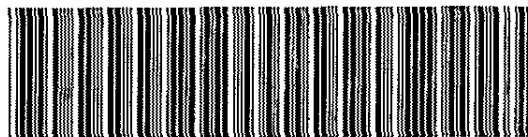
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTHERN STATES ABSTRACT & TITLE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000019765

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:

ELEANOR J. CAMPBELL

(Name of Contact Person)

SOUTHERN STATES ABSTRACT & TITLE, INC.

(Firm/Company)

13161 N. CLEVELAND AVE., SUITE B3

(Address)

NORTH FORT MYERS, FL 33903

(City/State and Zip Code)

For further information concerning this matter, please call:

ELEANOR J. CAMPBELL

(Name of Contact Person)

at (239) 433-9058

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2006

ELEANOR J. CAMPBELL
13161 N. CLEVELAND AVE., SUITE B3
NORTH FORT MYERS, FL 33903

SUBJECT: SOUTHERN STATES ABSTRACT & TITLE, INC.
Ref. Number: P02000019765

We have received your document for SOUTHERN STATES ABSTRACT & TITLE, 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):

The registered agent must sign accepting the designation.

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
Document Specialist

Letter Number: 906A00054679

**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: SOUTHERN STATES ABSTRACT & TITLE, INC.
2. The principal office address: 13161 N. CLEVELAND AVE., SUITE B3
NORTH FORT MYERS, FL 33903
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: FEBRUARY 18, 2002 Document number: P02000019765
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLORIDA, INC.
13571 MCGREGOR BOULEVARD # 22
FORT MYERS, FL 33919

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

ELEANOR J. CAMPBELL
LAW TITLE INSURANCE AGENCY, INC.
12381 S. CLEVELAND AVENUE, SUITE 203
(P.O. Box NOT acceptable)
FORT MYERS, FL 33907

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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.

Eleanor J. Campbell
(Signature of an officer or director)

Eleanor J. Campbell, Vice 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.

Eleanor J. Campbell
(Signature of Registered Agent)

August 28, 2006

(Date)

If signing on behalf of an entity:

Eleanor J. Campbell / Southern States Abstract & Title, Inc.
(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 (8/05)