P02000019765

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SECRETARY OF STATE SALLAHASSEE. FLORIDA

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:
Darrell Jordan
(Name of Contact Person)
Southern States Abstract & Title, Inc. (Firm/Company)
2000 W. Galena Blvd., Ste 200
(Address)
Aurora, IL 60506 (City/State and Zip Code)
For further information concerning this matter, please call:
Darrell Jordan at (630) 892-4063 (Name of Contact Person) (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

April 15, 2008

DARRELL JORDAN SOUTHERN STATES ABSTRACT & TITLE, INC. 2000 W. GALENA BLVD., SUITE 200 AURORA, IL 60506

SUBJECT: SOUTHERN STATES ABSTRACT & TITLE, INC.

Ref. Number: P02000019765

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 508A00022295

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Fl ange is submitted for a corporation organized under the laws of the Sta or to change its registered office or registered agent, or both, in the Sta	ate of <u>F</u>	lorida		
1. The name of t	the corporation: Southern States Abstract & Title, Inc.	·	,		
	office address: 12381 S. Cleveland Ave., Suite 203				
	Fort Myers, FL 33907				
3. The mailing a	ddress (if different): 2000 W. Galena Blvd., Suite 200				
	Aurora, IL 60506				
4. Date of incorp	poration/qualification: 2/18/2002 Document number: PC	020000	19765_		
	d street address of the current registered agent and registered office on tment of State:	file with	the		
	Sean Ginocchio	<u>., . </u>			
	<pre>% Law Title Insurance Agency, Inc. 12381 S. Cleveland, Avenue, Suite 203</pre>				
	Fort Myers, FL 33907		SECR	08 APR	anti-
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or register	red offic	ETARY I	23	Same Same
	Innocent Okechukwu Chinweze		OF S	AH 9:	E a
	13361 Southwest 42nd Street	·	ORI	Ω	0000
	(P.O. Box NOT acceptable) Miramar, FL 33027		Shi		
					
The street addre	ess of its registered office and the street address of the business office be identical.	ce of its	registered	agent	i,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or ne board, or the corporation has been notified in writing of the chan	r by an o ige.	officer so		
Signati	Darrell Jordan (Printed or typed in	ame and titl	le)		
I further agree i of my duties, an document is bei	the appointment as registered agent and agree to act in this capact to comply with the provisions of all statutes relative to the proper a In am familiar with and accept the obligation of my position as reg ing filed merely to reflect a change in the registered office address, s been notified in writing of this change.	ity. nd comp gistered I hereby	plete perfo agent. O confirm i	rmand r, if th that th	ce is e
(Sig	gnature of Registered (gent) (Date)		<u>.</u>	,	
If signing on be	chalf of an entity:				
(1	Fyped or Printed Name)				

* * * FILING FEE: \$35.00 * * *