## P02000046018

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	<i>#</i> )
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
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## TRANSMITTAL LETTER

SUBJECT: TITLESERV, INC (Name of Corporation)
(Name of Corporation)  DOCUMENT NUMBER: PO 200046078
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SUSAN HOFFMAN (Name of Person)
TITLE SERV, INC (Name of Firm/Company)
(Name of Firm/Company)  8751 W. BROWANDBWD #207  (Address)
PLANTATION, 6 33324 (City/State and Zip Code)
For further information concerning this matter, please call:
SUSAN HORAM at (954) 452-812-4 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTIL FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statytes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: TITEEKV, /NC
2. The principal office address: 8751 W. BROWARD BUD # 207
PLANTATION & 33324
3. The mailing address (if different):
4. Date of incorporation/qualification: A2002 Document number: Po 2000 46078
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
SCOTT WEIDSTEIN
8751 W DROWARD BLVD#207 = 2
PLANTATION, R 30304 EEE = I
6. The name and street address of the new registered agent (if changed) and /or registered office Fig. 2 (if changed):
SUSAN HORMAN
19209 SKYRID SE CIR P.O. BOX NOT acceptable)
BOCA RATON 12 33458
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.
In the state of an officer or directors Ann Herseld (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.
Allen Ather 7/15/04
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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