P02000108193

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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Settlements MLS, Inc. (Name of corporation)
DOCUMENT NUMBER: P02000108193
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fili
Please return all correspondence concerning this matter to the following:
Kristina Mumford (Name of person)
Settlements MIS, Inc. (Name of firm/company)
1605 Main Street, Suite 1109 (Address)
Sarasota, FL 34236 (City/state and zip code)
For further information concerning this matter, please call:
Kristina Mumford at (941) 330-1681 (Name of 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 Tollabassee FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallabassee FL 32399

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					
		gistered office or registered agent, or be	•		
of Florida.		gara, car egyrae or regioner car agents, or be	on, in the State		
1. The name of	the corporation: Settlements	s MLS, Inc.			
2. The principal office address: 1605 Main Street, Suite 1109, Sarasota, FL 34236					
3. The mailing					
4. Date of incom	rporation/qualification: 10/4/02	2 Document number: PO20	000108193		
	d street address of the current regartment of State:	gistered agent and registered office on fil	e with the		
	Beth L. Clause				
	1605 Main Street, Suit	te 1109	-		
	Sarasota, FL 34236		_		
6. The name a changed):	nd street address of the new reg	gistered agent (if changed) and /or regis	stered office (F		
	Richard Champlin		1626		
	1605 Main Street, Suit (P.O. Box or persor	te 1109 nal mailbox NOT acceptable)			
,	Sarasota, FL 34236		9: 2 08/1		
The street addragent, as change	ress of its registered office and the ged will be identical.	ne street address of the business office of	of its registered		
Such change authorized by	as authorized by resolution duly in board or the corporation has	adopted by its board of directors or by been notified in writing of the change.	an officer so		
(Signature of ah office	er, channel of vice states are of the board)	R. Kingston Covne, Director (Printed or typed name and title)	<u> </u>		
I hereby accept further agree performance of registered age office address.	t the appointment as registered of to comply with the provisions of fmy duties, and I am familiar want. Or, if this document is being I hereby confirm that the corpor	agent and agree to act in this capacity fall statutes relative to the proper and ith and accept the obligation of my posifiled merely to reflect a change in the ration has been notified in writing of the 8/22/03	complete tion as egistered is change.		
•	igniture of Registered Agent)	(Date)			
If signing on beha	alf of an entity:				
	(Typed or Printed Name)	(Capacity)			

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