

PB2000120271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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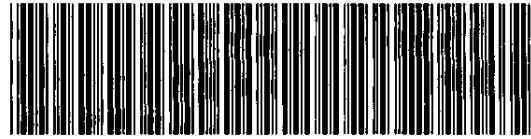
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Closing Connection Title and Escrow  
Name of Corporation

DOCUMENT NUMBER: P02000120271

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:

Lois Pascal  
Name of Contact Person

The Closing Connection Title and Escrow  
Firm/Company

950 S. Pine Island Road  
Address

Plantation, FL 33324  
City/State and Zip Code

Lois @ PreferredClosar.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lois Pascal at (954) 727-9023  
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

**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: The Closing Connection Title and Escrow, Inc.  
2. The principal office address: 950 S. Pine Island Road,  
Plantation, FL 33324  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 11/12/2002 Document number: PO2000120271

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Bruce Hansen  
1401 E. Broward Blvd, Suite 206  
 Ft. Lauderdale, FL 33301

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TALLAHASSEE, FLORIDA

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

Lois Pascal  
950 S. Pine Island Road  
P.O. Box NOT acceptable  
Plantation, FL 33324

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.

Lois Pascal  
Signature of an officer or director

Lois Pascal  
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.*

Lois Pascal  
Signature of Registered Agent

9/16/10  
Date

If signing on behalf of an entity:

Lois Pascal  
Typed or Printed Name

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

RESIGNATION OF REGISTERED AGENT

I, BRUCE HERMAN, hereby tender my resignation as a Registered Agent for THE CLOSING CONNECTION TITLE AND ESCROW, INC., a corporation organized under the laws of the State of Florida, such resignation to take effect immediately.

Dated: September 7, 2010



BRUCE HERMAN