

PD2000120719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

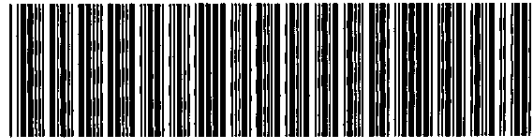
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400217359294

01/09/12--01051--013 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -9 PM 2:37

R.A. / chg
10 / 11 / 12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA TITLE GROUP, INC.
Name of Corporation

DOCUMENT NUMBER: P02000120719

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:

MATTHEW E. KRIEGER

Name of Contact Person

SOUTH FLORIDA TITLE GROUP, INC.

Firm/Company

500 South Pointe Drive, Suite 230

Address

Miami Beach, Florida 33139

City/State and Zip Code

matt@bklawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW E. KRIEGER

Name of Contact Person

at (305) 674-8472

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: SOUTH FLORIDA TITLE GROUP, INC.
2. The principal office address: 500 South Pointe Drive, Suite 230
Miami Beach, Florida 33139
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/12/2002 Document number: P0200120719
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)

ROBERT EGGER

500 South Pointe Drive, Suite 230
Miami Beach, Florida 33139


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

MATTHEW E. KRIEGER

500 South Pointe Drive, Suite 230
P.O. Box NOT acceptable
Miami Beach, Florida 33139

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.


Signature of an officer or director

Matthew Krieger, Director
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.


Signature of Registered Agent

1/6/12
Date

If signing on behalf of an entity:

Matthew Krieger
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

CR2B045 (8/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -9 PM 2:39