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## TRANSMITTAL LETTER

SUBJECT: SOUTHERNMOST TITLE, INC. (Name of corporation)	
DOCUMENT NUMBER: <u>P03000008134</u>	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	ng.
Please return all correspondence concerning this matter to the following:	
ONNIE D. DICKERSON, III (Name of person)	
SOUTHERN MOST TITLE, INC. (Name of firm/company)	
302 SOUTHARD St, Suite 101	-
KEY WEST FL 33040 (City/state and zip code)	
For further information concerning this matter, please call:	
DAWIE D. DICKERSON TIL at (305) 293-4673 (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
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, 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
FLORIDA in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: SOUTHERNMOST /ITLE, INC.
2. The principal office address: 302 South ARD St. Suite 101
KEY WEST FL 33040
3. The mailing address (if different):
Same_
4. Date of incorporation/qualification: 01/21/03 Document number: P0300008134
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ALA REGISTERED AGENT, INC.
92 SADBERRY ROAD
7 2020
Chuincy, FL 32351 2 2 2 =
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): ONNIE D. DICKERSON TIE
302 SouthARD ST SUITE 101 Pro Provide Research Pro Provide Research Provided Researc
KEY WEST, FL 33040
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, chairman or vice chairman of the board)  ONNIE D. DICKERSON, TIT, PROS identification of the board)
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) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
(- three or remains)

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