(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations						
SUBJECT: GOLD LEAF TITLE COMPANY (Name of Corporation)							
DOCL	UMENT NUMBER: P03000011296						
The en	nclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.					
Please	e return all correspondence concerning this matter to th	e following:					
	David I. Schlosberg (Name of Contact I	Person)					
GOLD LEAF TITLE COMPANY, c/o TotalBank - Legal Department (Firm/Company)							
	2828 Coral Way - Suite 530 (Address)	· · · · · · · · · · · · · · · · · · ·					
	Miami, FL 33145 (City/State and Zip	(Code)					
For fur	urther information concerning this matter, please call:	, couch					
	David I. Schlosberg at ( (Name of Contact Person)	(305) 476-6269 (Area Code & Daytime Telephone Number)					
Enclos	osed 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

statement of char	orovisions of sections 6 nge is submitted for a c r to change its register	corporation organize	ed under the law	s of the State of _	Florida	
1. The name of t	he corporation: GOLD	LEAF TITLE COMP	ANY			
2. The principal	office address: 2720 C	Coral Way				
	Miami	, FL 33145	· · · · · · · · · · · · · · · · · · ·			
3. The mailing a	ddress (if different):		,			
4. Date of incorp	oration/qualification:	01/30/2003	Document n	umber: P030000	11296	
	street address of the comment of State:	irrent registered age	nt and registered	l office on file with	h the	
	David I. Schlosber	g				
	2720 Coral Way				200 74 S	
	Miami, FL 33145				B JUL ECRE	1
6. The name and (if changed):	Street address of the no		if changed) and	•	ARY OF STATE	T
	2828 Coral Way				F .	
	Miami, FL 33145	O. Box NOT acceptable)			_	
The street addre	ss of its registered off be identical.	ice and the street ad	ldress of the bus	siness office of its	s registered agent,	
Such change wa authorized by th	is authorized by resolute board, or the corpor	ntion duly adopted bation has been notif	by its board of diled in writing o	irectors or by an f the change.	officer so	
May (Signatu	fe of an officer or director)	as		d I. Schlosberg,		
I juriner agree to of my duties, and document is being the control of the control	the appointment as re o comply with the pro d I am familiar with a ng filed merely to refl been potified in writi	visions of all statute nd accept the oblige ect a change in the i	agree to act in the second control of the control of my postered office of the control of the co	his capacity. e proper and com tion as registered e address, I hereb	plete performance l agent. Or, if this y confirm that the	
Months (Sig	Medlush mature of Registered Agent)	25	June	17,200 (Date)	08	
If signing on bel	half of an entity:	_				
GOLD	LEAF TITLE COMF	PANY				

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

(Typed or Printed Name)