P8 300	10020335
(Requestor's Name) (Address)	300110789683
(Address) (City/State/Zip/Phone #)	10/18/0701010010 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	RAChores
Special Instructions to Filing Officer:	FILED 07 OCT 18 PH 9: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Celebrity Title Onc
	(Name of Corporation)
DOCI	JMENT NUMBER: P 03000 020336
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Dvora Weinreb
	(Name of Contact Person)

<u>Celebry Title One</u> (Firm/Company) <u>1900 NW Coep Blvd Ste</u> 400E (Address)

Boca Raton, FC 33431 (City/State and Zip Code)

For further information concerning this matter, please call:

CR2E045 (8/05)

Nora Weinreb (Name of Contact Person) at (5201) 237-3044 (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

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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: 2. The principal office address 3. The mailing address (if different) Document number: 4. Date of incorporation/qualification:

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Neinve ora 300 6. The name and street address of the new registered agent (if changed) and /or registered office Ŷ 220

(if changed):

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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 comporation has been notified in writing of the change

Printed or typed name and title)

I hereby accept the appointment of 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 If signing on behalf of an entity (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 CR2E045 (8/05)