

P030000039510

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Title Solutions & Services OF FL, INC
Name of Corporation

DOCUMENT NUMBER: P03000039510

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:

BARBARA Diorio
Name of Contact Person

Title Solutions & Services OF FL, INC
Firm/Company

6221 Seabreeze Drive
Address

Port Richey, FL 34668
City/State and Zip Code

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

For further information concerning this matter, please call:

BARBARA Diorio at (727) 817-1100
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2010

BARBARA DIORIO
TITLE SOLUTIONS & SERVICES OF FL., INC.
6221 SEABREEZE DRIVE
PORT RICHEY, FL 34668

SUBJECT: TITLE SOLUTIONS & SERVICES OF FL., INC.
Ref. Number: P03000039510

We have received your document for TITLE SOLUTIONS & SERVICES OF FL., INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 710A00018934

RECEIVED
2010 AUG 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 FLA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Title Solutions & Services of FL, Inc.
2. The principal office address: 16221 Seabreeze Drive
Port Richey, Florida 34668
3. The mailing address (if different): P.O. Box 789
Port Richey, FL 34673
4. Date of incorporation/qualification: 4-8-2003 Document number: P03000039510
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)

(Resigned) Terra Rapin
11921 Oak Trail Way
Port Richey, FL 34668

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

Lois Brady
16221 Seabreeze Dr.
P.O. Box NOT acceptable
Port Richey, FL 34668

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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 corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Barbara D'orio
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]
Signature of Registered Agent

7-29-10
Date

If signing on behalf of an entity:

Typed or Printed Name

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