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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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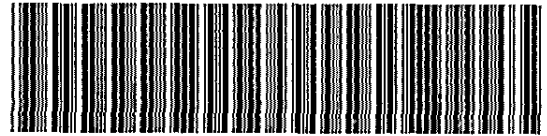
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

of RA
Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AST TITLE SERVICES, INC
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

AVI TRYSON
(Name of Contact Person)

AST TITLE SERVICES, INC.
(Firm/Company)

5 ISLAND AVENUE, APT. 15K
(Address)

MIAMI BEACH, FL 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

AVI TRYSON at (954) 205-4987
(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

**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: AST TITLE SERVICES, INC.
2. The principal office address: 5 ISLAND AVENUE, APT. 15K
MIAMI BEACH, FL 33139
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/7/03 Document number: _____

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

AVI TRYSON
3164 VIRGINIA STREET
COCONUT GROVE, FL 33133

CLERK OF STATE
TALLAHASSEE, FLORIDA

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

S ISLAND AVENUE
APARTMENT #15K
(P.O. Box NOT acceptable)
MIAMI BEACH, FL 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]
(Signature of an officer or director)

AVI TRYSON, PRESIDENT
(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)

8/28/06
(Date)

If signing on behalf of an entity:

AVI TRYSON
(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)