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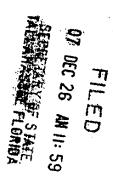
(Requestor's Name)		
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COVER LETTER

Division of Corporations

SUBJECT: PELICAN TITLE, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO 3000 / 27 78 /

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:

BOWNE WALTERS
(Name of Contact Person)

PEUCHA TITLE, INC.
(Firm/Company)

QO30 SHARDA DRIVE
(Address)

WEW POET PICHEY, FL 3465-Y
(City/State and Zip Code)

For further information concerning this matter, please call:

BOWNE WALTERS at (727, 967-5118)
(Name of Contact Person)

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section

TO:

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 change is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of <u>FLORIDA</u> egistered agent, or both, in the State of Florida.
1. The name of the corporation:	ON TITLE, INC.
2. The principal office address: 7027	15 HWY 19 CHEY, FL 34652
3. The mailing address (if different): P.O.	
5. The name and street address of the current register Florida Department of State:	
BONNIE	E WALTERS
7027	US HWY 19
NEW PORT	RICHEY, EL 34652
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered office
BONNE	WALTERS 6 M
9030 57	HARON DRIVE
· · · · · · · · · · · · · · · · · · ·	RICHEY, EL 34654 5
The street address of its registered office and the stas changed will be identical.	treet address of the business office of its registered agent,
Such change was authorized by resolution duly ad- authorized by the board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.
(Signature of an officer of director)	Printed or typed name and title)
I hereby accept the appointment as registered age I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect a change corporation has been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.
(Signature of Registered Agent)	12/15/07
If signing on behalf of an entity:	()
BONNE WALTERS (Typed or Printed Name)	,
	C 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)