## P03000131795

DIVISION OF CORPORATION 2005 OFT 24 AM IO.

(Req	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doo	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		Į





000060815580

10/24/05--01051--011 \*\*35.00

RA address Chg.
18/10/10

## **COVER LETTER**

TO:	Amendment Section Division of Corporations  Change of Corporations
SUBJE	(Name of Corporation)
DOCU	MENT NUMBER: P03000131795
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Lacie Steward (Name of Contact Person)
	Bay Area Title Svces., Inc. (Firm/Company)
	2102 W. Cass Street (Address)
	Tampa, FL 33606 (City/State and Zip Code)
For furt	her information concerning this matter, please call:
Lacie	(Name of Contact Person) at (813 ) 251-3801 (Area Code & Daytime Telephone Number)
Enclose	d 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	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida egistered agent, or both, in the State of Florida.		
1. The name of the	he corporation: Bay Area Title	Svces., Inc.		
• •	office address: 2102 W. Cass FL 33606	Street		
3. The mailing a	ddress (if different): 2102 W. C	ass Street, Tampa, FL 33606	0713	
4. Date of incorp	poration/qualification: 11/13/200	Document number: P03000131795	N15 nc. 24	
	I street address of the current register tment of State:	red agent and registered office on file with the	24 AM	
	GOETZ, MICHAEL J 2107 W CAS	S ST SUITE C-2 TAMPA, FL FL 33606	-	
6. The name and (if changed):	street address of the new registered	agent (if changed) and for registered office  t, Tampa, FL 33606	- · : <del>· -</del>	
	(P.O. Box NOT acceptable)			
The street addre	ess of its registered office and the s be identical.	treet address of the business office of its registered agent,		
		opted by its board of directors or by an officer so en notified in writing of the change.		
(Signatu	ure of an officer or director)	Michael J. Goetz - President (Printed or typed name and title)		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of all a lam familiar with and accept the ng filed merely to reflect a change s 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.	; ; -	
(Sig	gnature of Registered Agent)	(Date)		
If signing on be	half of an entity:			
	Typed or Printed Name)			

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