## P04000005315

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SECRETARY OF STATE
ALLAHASSEE, FLORID

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: All Clear Title Services, Inc (Name of Corporation)		
DOCUMENT NUMBER: P04000005315		
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:		
Beatriz Perez (Name of Contact Person)		
All Clear Title Services, Inc (Firm/Company)		
8040 NW 155 Street, Ste 103 (Address)		
Miami Lakes, Fl. 33016 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Beatriz Perez · at (305) 779-1099 (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  Street Address: Amendment Section		

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this e is submitted for a corporation organized under the laws of the State of Florida change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: All Clear Title Services, Inc.
2. The principal office Miami Lakes	ice address: 8040 NW 155 Street, Ste 103 , FI 33016
3. The mailing addr	ess (if different):
4. Date of incorpora	ation/qualification: 01/06/2004 Document number: P0400005315
5. The name and str Florida Departme	eet address of the current registered agent and registered office on file with the ent of State:
Be	eatriz Perez SE S
79	930 NW 36 Street #22 全岛 コ
<u>M</u>	liami, Fl. 33166
6. The name and str (if changed):	eet address of the new registered agent (if changed) and /or registered office
<u>J</u>	ohn Penson, ESQ
99	999 NE 2nd Ave, Ste 204
M	(P.O. Box NOT acceptable) iami Shores, Fl. 33138
The street address of as changed will be	of its registered office and the street address of the business office of its registered agent, identical.
Such change was a authorized by the b	uthorized by resolution duly adopted by its board of directors or by an officer so oard, or the corporation has been notified in writing of the change.
Beate (Signature of	Beatriz Perez/Vice President  (Printed or typed name and title)
I hereby accept the I further agree to co of my duties, and I document is being J corporation has be	appointment as registered agent and agree to act in this capacity. omply with the provisions of all statutes relative to the proper and complete performance am familiar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the en new filed in writing of this change.
A ///	re of Registered Agent)    Doc   Control   Con
If signing on behalf	• /
(Typed	f or Printed Name)

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