

P04000014384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100046254541

02/14/05--01035--002 \*\*35.00

*RA Change  
T. Lewis*

FILED  
05 FEB 14 PM 12:37  
TALMADGE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Mobile Title + Escrow Co.  
(Name of corporation)

DOCUMENT NUMBER: P04 000014384

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:

LIZA GONZALEZ  
(Name of contact person)

Mobile Title + Company  
(Firm/Company)

100 Almeria Avenue  
(Address)

Suite 300  
Coral Gables, FL 33134  
(City/state and zip code)

For further information concerning this matter, please call:

LIZA GONZALEZ at 305, 567-2767  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 25, 2005

LIZA GONZALEZ  
MOBILE TITLE & ESCROW COMPANY, INC.  
100 ALMERIA AVENUE, SUITE 360  
CORAL GABLES, FL 33134

SUBJECT: MOBILE TITLE & ESCROW COMPANY, INC.  
Ref. Number: P04000014384

We have received your document for MOBILE TITLE & ESCROW COMPANY, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 905A00004914

**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: MOBILE TITLE + ESCROW CO., INC.  
2. The principal office address: 100 Almeria Avenue  
Suite 360  
3. The mailing address (if different): Coral Coables, FL 33134  
4. Date of incorporation/qualification: 1/14/04 Document number: P04 000014384  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

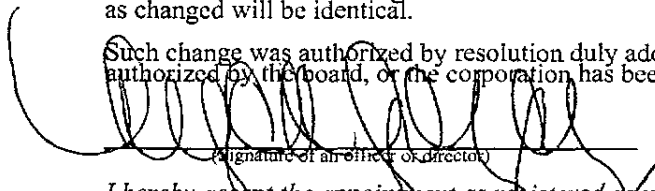
Gregory F. Belancourt  
15271 NW 60 Ave #101  
Miami Lakes, FL 33014

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

Pedro Suarez, Jr.  
100 Almeria Avenue #360  
(P.O. Box NOT acceptable)  
Coral Coables, FL 33134

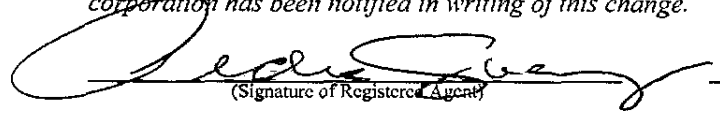
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director)

LIZA M. GONZALEZ, VP  
(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 of Registered Agent)

12/13/04  
(Date)

If signing on behalf of an entity:

Pedro Suarez Jr.  
(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

FILED  
05 FEB 14 PM 12:31  
TALLAHASSEE, FL