## P0400027486

(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



100185144961

01/07/11--01002--004 \*\*35.00

01/07/11--01002--005 \*\*15.00

120 Charses Turis 1-1-11

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Countywide Title Services, Inc. Name of Corporation
DOCUMENT NUMBER: <u>P0400027486</u>
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:
Name of Contact Person
Countywide Title Services, Inc.
2600 Daylas Rd. Suite 710
Corcl Gables, FL 33134 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 760-8787  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

November 1, 2010

Subject: Countrywide Title Services, Inc.

Ref: Number P04000027486 Debit Memo #: 01775-C

Enclosed please find a money order replacing our check number 1092 in the amount of \$35.00. Please Note the \$15.00 Check is to cover the NSF check and the \$35.00 is to change our business address. I have also enclosed a new address change request with a new address. Should you have any questions and or comments please feel free to contact me at your earliest convenience.

Sincerely,

Iris Valdes

Countrywide Title Services, Inc.

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation:
2. The principal office address: 2600 Drugges Rd. Stuite 710
(Dra) Gades, Pr 33134
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/10/2004 Document number: P04000027486
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
leis Valdes
10911 SW 139 De. ER =
miam; fr 33186
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
IRIS Valdes == == == == == == == == == == == == ==
2600 Douglas Rd. Suite 710
Coral Gables, Fr. 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  Vis Valdes — 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 of Registered Agent  1/5/2011  Date
If signing on behalf of an entity: