P04000040050

(Re	equestor's Name)	
(Ac	ddress)	<u> </u>
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Вс	usiness Entity Name	e)
(Document Number)		
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: H&S TITLE AND ESCROW, INC. (Name of Corporation)
DOCUMENT NUMBER: P04 000040650
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:
MICHAEL HOUER (Name of Contact Person)
HOS TITLE AND ESCROW, INC. (Firm/Company)
15/ Regions Way, Ste One A (Address)
Destin FL 32541 (City/State and Zip Code)
For further information concerning this matter, please call:
MIKE HOOVEY at (\$50) 650 - 662 (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
Tallahassee, FL 32301

• 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: H&S TITLE AND ESCROW, INC.
2. The principal office address: 151 Regions Way, Ste- One A Destin, FL 32541
3. The mailing address (if different):
4. Date of incorporation/qualification: March 4, 7004 Document number: P0400040650
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
SIRMANS, PAUL L.
151 Regions Way, 1-B
6. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
RYAN O. GARRITY
1598 S. Co. Rol. 393, Ste 103 (P.O. Box NOT acceptable)
Santa Rosa Beach, FC 32459
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 co-poration has been notified in writing of the change.
(Signafure of a follicer or director) (Signafure of a follicer or director) (Printed or typed name and little)
I hereby accept the appointment as registered went 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)
If signing on behalf of an entity:
(Typed or Printed Name)

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