P04000041377

(Requestor's Name)		
(Address)		
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	JOhns Min IDb on	
(Cil	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Ciling Officer	
Special Instructions to Filing Officer:		
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Office Use Only



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C. Coullette MAY 2 0 200

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJE	CCT: Land Title Services Unlimited, Inc (Name of corporation)		
DOCU	MENT NUMBER: P04000041377		
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
	Brian E Coleman (Name of contact person)		
	Land Title Services Unlimited, Inc (Firm/Company)		
336B Shopping Center Drive (Address)			
Wildwood, FL 34785 (City/state and zip code)			
For further information concerning this matter, please call:			
Brian I	Coleman at (352) 748-7600 (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		

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

statement of ch	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida	
in ord	er to change its registered office or registe	red agent, or both, in the State of Florida.	
		mited, Inc	
2. The principal	2. The principal office address: 336B Shopping Center Drive, Wildwood, FL 34785		
	<u>. =</u>	. 77	
3. The mailing	address (if different):		
			
4. Date of incom	rporation/qualification: 03/03/04	Document number: P04000041377	
5. The name an	id street address of the current registered apartment of State:		
	Deborah R Coleman	05	
	5220 CR 125A		
	Wildwood, FL 34785		
6. The name an (if changed):	nd street address of the new registered agen	at (if changed) and /or registered office	
	Kimberly C Alonso		
	2317 CR445		
	(P.O. Box NOT acceptable)		
	Lake Panasoffkee, FL 33538		
The street addras changed wil	ress of its registered office and the street	address of the business office of its registered agent,	
Such change wauthorized by	vas authorized by resolution duly adopted the board, or the corporation has been no	I by its board of directors or by an officer so tified in writing of the change.	
Sign	we of an other or director	Brian E Coleman (Printed or typed name and title)	
	of the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the oblining filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity, utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	
Kmay	Signature of Registered Agent)	05/11/05 (Date)	
	ochalf of an entity:	• •	
	(Typed or Printed Name)		

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