P04000083606

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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06/09/08--01034--006 **35.00



Mochange Heurs 6-12-08

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	BLUE TITLE SERVICES, C	CORP.		
DOCUMENT N	UMBER: P04000083606			
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:				
ADOLFO RODRIGUEZ-ROIG II				
	(Name of Co	ontact Person)		
BLUE TITLE SERVICES, CORP.				
(Firm/Company)				
5805 BLUE LAGOON DRIVE, SUITE 135				
(Address)				
MIAMI, FL. 33126				
(City/State and Zip Code)				
For further inform	nation concerning this matter, please	call:		
ADOLFO RODRI	GUEZ-ROIG II	at (305) 262-6710		
(N	ame of Contact Person)	at (305) 262-6710 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.	00 check made payable to the Depar	rtment of State.		
	Mailing Address: Amendment Section	Street Address:		
		Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		

CR2E045 (8/05)

Change address Brue annal Report

Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617. statement of change is submitted for a corporation or in order to change its registered office or reg				
1. The name of the corporation: BLUE TITLE SERV	/ICES, CORP.			
. The principal office address: 5805 BLUE LAGOON DRIVE, SUITE 135				
MIAMI, FL. 33126)			
3. The mailing address (if different): SAME				
4. Date of incorporation/qualification: 05/26/2004	Document number: P0400083606			
5. The name and street address of the current registered Florida Department of State:	ed agent and registered office on file with the			
ADOLFO RODRIGUEZ-ROIG	3 II			
5805 BLUE LAGOON DR.,	5805 BLUE LAGOON DR., SUITE 400			
MIAMI, FL 33126	MIAMI, FL 33126			
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered office			
ADOLFO RODRIGUEZ-RO	IG II			
5805 BLUE LAGOON DR.,	SUITE 135			
(P.O. Box NOT accep	otable)			
MIAMI, FL. 33126				
The street address of its registered office and the stras changed will be identical.	reet address of the business office of its registered agent,			
Such change was authorized by resolution duly add authorized by the board, on the corporation has been	opted by its board of directors or by an officer so in notified in writing of the change.			
Hay	ADOLFO RODRIGUEZ-ROIG II - Director			
(Signature of an officer or director) I hereby accept the appointment as registered agen I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect a change i corporation has been notified in writing of this cha	(Printed or typed name and title) Int and agree to act in this capacity. In statutes relative to the proper and complete performance to obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the linge.			
	4/28/08			
(Signature of Registered Agent)	(Date)			
If signing on behalf of an entity:				
(Typed or Printed Name)				
* * * FILING	G FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314