

PO4000596496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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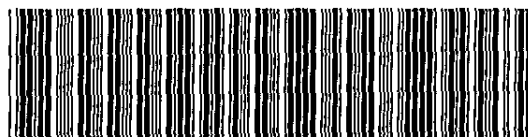
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

1/5 3/29/05  
21/KO

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** South Florida Title Consultants, Inc.

(Name of corporation)

**DOCUMENT NUMBER:** P04000096496

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:

Carla M. Machado

(Name of contact person)

South Florida Title Consultants, Inc.

(Firm/Company)

13798 NW 4TH STREET Suite 309

(Address)

Sunrise, FL 33325

(City/state and zip code)

For further information concerning this matter, please call:

Carla M. Machado

(Name of contact person)

at ( 786 ) 326-3778

(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**

*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: South Florida Title Consultants, Inc.
2. The principal office address: 13798 NW 4TH STREET Suite 309 Sunrise, FL 33325
3. The mailing address (if different): 13798 NW 4TH STREET Suite 309 Sunrise, FL 33325
4. Date of incorporation/qualification: 06/24/04 Document number: P04000096496
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

KHAN, SHAZAD

2997 MYRTLE OAK CIRCLE DAVIE FL 33328

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

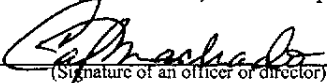
CARLA M. MACHADO

19244 NW 12 STREET PEMBROKE PINES, FL 33029

(P.O. Box NOT acceptable)

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

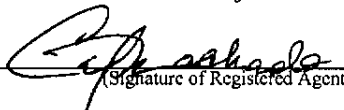
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Carla M. Machado Vice 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)

3/18/05  
(Date)

If signing on behalf of an entity:

Carla Machado  
(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 MAR 21 PM 12:11  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE