## P04000121207

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T. Roberts SEP 25 2006

## COVER LETTER

TO: Amendment Section Division of Corporations

## SUBJECT: TITLE & MARKETING SERVICES OF SOUTH FLORIDA, INC.

(Name of Corporation)

DOCUMENT NUMBER: P04000121207

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:

CINDY H. CARAMEROS

(Name of Contact Person)

TITLE & MARKETING SERVICES OF SOUTH FLORIDA, INC.

(Firm/Company)

3411 GATLIN DRIVE

(Address)

ROCKLEDGE, FLORIDA 32955

(City/State and Zip Code)

For further information concerning this matter, please call:

**CINDY H. CARAMEROS** 

at ( 321

06-2840

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

stalement 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: Title & MNAKELing Services of South Flo
2. The principal office address: 3962 W. ER. Gallie Blud Ste A.
melbourne, Fl. 32934
3. The mailing address (if different):
4. Date of incorporation/qualification: 3-20-04 Document number: P0400で表しる
55 R N
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  Charles R. Burnett  3.
6050 S. Verde Trail #405
Boca Roton, FC 33433
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(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.
Contrib H. Chermeros
(Finited 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 Negistered Agent) (Date)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(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 CR2E045 (8/05)