P04000129862

· (Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	; #)
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	ECT: Palm Title Associates, Inc.	
	(Name of Corpor	ation)
DOCU	MENT NUMBER: P04000129862	
The en	closed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
Please	return all correspondence concerning this matter to th	e following:
	•	-
	Nancy Drexler Hensley	
	(Name of Contact	Person)
	Palm Title Associates, Inc.	
	(Firm/Compar	ny)
	8695 College Parkway Suite 254	
	(Address)	
	Fort Myers FL 33919	
	(City/State and Zip	Code)
For fur	ther information concerning this matter, please call:	
Nancy	Drexler Hensley at a	(239) 415-7256
	(Name of Contact Person)	(239) 415-7256 (Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Department	of State.
	Mailing Address:	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
	,	Tallahassee FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Palm Title Associates, Inc.
2. The principal Fort Myers	office address: 8695 College Parkway Suite 254 FL 33919
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 09/15/2004 Document number: P04000129862
	I street address of the current registered agent and registered office on file with the treet of State:
	Nancy Drexler Hensley
	12590-1 Whitehall Drive
	Fort Myers FL 33907
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Nancy Drexler Hensley
	8695 College Parkway Suite 254
	(P.O. Box NOT acceptable) Fort Myers FL 33919
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so be pourd, or the comporation has been notified in writing of the change.
Multiple Control	NANCY DEFLEP HENSEY PRES POENT
I further agree to of my duties, and document is bei	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this no filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Yauf &	nature of Registered Agent) 11-28-07 (Date)
If signing on be	half of an entity:
(T	yped or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (8/05)