P04000132181

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600075276456

05/26/06--01037--004 **157.50

DIVISION OF CORPORATIONS

OF MAY 26 PM 1: 29

ls relifor

COVER LETTER

Division o	of Corporations	
SUBJECT:	Family Tree Title, Inc. (Name of Corp	oration)
DOCUMENT NU	JMBER: P04000132181	
The enclosed State	ement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all co	orrespondence concerning this matter to	the following:
	Edna Hoke	
	(Name of Contac	et Person)
	Family Tree Title, Inc.	
	(Firm/Comp	pany)
-	301 S. Ferdon Blvd., Ste	
	Crestview, FL 32536	
-	(City/State and 2	Zip Code)
For further inform	ation concerning this matter, please call:	
Edna Ho		at () Area Code & Daytime Telephone Number)
(N:	ame of Contact Person)	(Area Code & Daytime Telephone Number) e: 1-866-410-0038
Enclosed is a \$35.	00 check made payable to the Departme	•
	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

statement of char	nge is submitted fo	ons 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute or a corporation organized under the laws of the State of Flori istered office or registered agent, or both, in the State of Florida	ida
The name of the control of the principal of the principal of the control of	he corporation:	(new address)	
3. The mailing ac	ldress (if different):	
4. Date of incorp	oration/qualification	on: 9/21/2004 Document number: P040001321	181
5. The name and Florida Depart		he current registered agent and registered office on file with the	
	Liı	nda Adams	
	16	735 Highway 331-S Suite 5	
	Fre	eeport, FL 32439	a 2:
6. The name and (if changed):	street address of the	he new registered agent (if changed) and /or registered office	SECRETARY OF SILED
	Edna	a Hoke	CORPORATION OF THE PERSON OF T
	301	S. Ferdon Blvd., Ste E	STAI ORAT
	Cres	(P.O. Box NOT acceptable) stview, FL 32536	TE T
The street addre	ss of its registered be identical.	d office and the street address of the business office of its regis	stered agent,
		esolution duly adopted by its board of directors or by an office reporation has been notified in writing of the change.	
Edra	Hohe	Edna Hoke-President	
Palsa	the appointment as comply with the lam familiar wing filed merely to been notified in water of Registered Age	or) (Printed or typed name and title) as registered agent and agree to act in this capacity. If provisions of all statutes relative to the proper and complete ith and accept the obligation of my position as registered agent reflect a change in the registered office address, I hereby converting of this change. (Date)	performance nt. Or, if this firm that the
If signing on bel	nalf of an entity:		
(Т	yped or Printed Name)		•

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