PD400035207

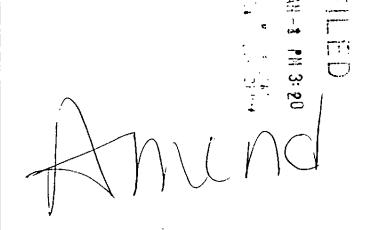
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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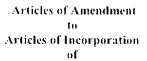
01/09/18--01006--025 **35.00



JAN 102018 I ALBRITTON

COVER LETTER

TO: Amendment (Division of C					
SUBJECT: American Title Services, Inc.					
	Name of Co	orporation			
	BER: P0400013520	7			
DOCUMENT NUM	BER: 1 0 1000 1002 0				
Please return all corre	spondence concerning this matter	to the following:			
ls	delmi Q. Acosta				
 -	Name of Cor	tact Person			
۸					
<i>P</i>	merican Title Se	•			
	Firm/Co	прапу			
28	301 N. University	Drive. Ste #204			
	Addr				
C	oral Springs, FL	33065			
	City/State an				
	costa@american				
E-	mail address: (to be used for fu	ture annual report notification)			
	<u> </u>				
For further informatio	n concerning this matter, please c	all.			
		an.			
Isdelmi 'IDI		7862774145 at ()			
Name o	of Contact Person	Area Code & Daytime Telephone Number			
12 1 11 00 00					
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations				
	P.O. Box 6327	Division of Corporations Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			
		Tailahassee Fl 32301			





tmerican Title Services Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

nt(s) to

rursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the co	orporation:
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	The new rd "corporation," "company," or "incorporated" or the abbreviation of "Incorporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>
new registered agent and/or the new registered	
Name of New Registered Agent	VUNIVERSITY DE# DOY (Florida street address)
New Registered Office Address: Cofal	5pring J. Florida 3306 S. (Zip Code)

New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	•		
X Change	<u>PT</u> <u>Jolu</u>	1 Doe	
X Remove	\underline{V} \underline{Mik}	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>D</u>	Kelly Errain	2801 N Univail D2#20
Add		·	2801 N University De #20 Coral Springs, fc 33065
-X Remove			
2) Change	0	Isdelmi Q. Acosta	2801 N Univers petado Cor. 1 Springs, Fe 33065
X Add			Cor. 1 Syrings, Fe 33de S
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
·	
If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

.

The date of each amendment(s) adoption:	, if other than the
1 1 10	
Effective date if applicable: fno more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12-26-17 Signature	ι
(By director, prosident or other officer – if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Director (Title of person signing)	