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SECRETARY OF STATE

R.A. Address Change

B 3.7-10

COVER LETTER

Amendment Section Division of Corporations TO: 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: For further information concerning this matter, please call: Enclosed is a \$35.00 check made payable to the Department of State. **Street Address:** Mailing Address: Amendment Section Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Moyas Title Company Tnc. 2. The principal office address: 1000 SW 56 Street Scute# William Florica 33165
3. The mailing address (if different): 393/ NW 2 Street Michia FL 33/26
4. Date of incorporation/qualification: 3/28/05 Document number: 05000048180
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): GISEL MOYA STATE STATE
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, of the corporation has been notified in writing of the change. (Significe or another firector) (Printed or typed name and title) I hereby accept the approiniment 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 helect 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) (Date)
(Typed or Printed Name)

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