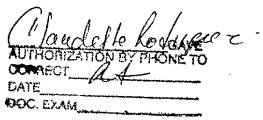


(R	equestor's Name))
(Ad	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Lice Or	





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3 12/29/05 NA/NO



December 9, 2005

CLAUDETTE M RODRIGUEZ TITAN TOBACCO, INC. 16713 SW 12TH ST PEMBROKE PINES, FL 33027

SUBJECT: TITAN TOBACCO, INC. Ref. Number: P05000060958

We have received your document for TITAN TOBACCO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have the new registered agent sign and return for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith Document Specialist

Letter Number: 005A00071285

RECEIVED
35 DEC 19 AM 8: 00

COVER LETTER

TO: Amendment Section **Division of Corporations** 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.

> 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 chang	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this registered for a corporation organized under the laws of the State of ochange its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: Titan Tobacco, Inc.
2. The principal of	Fice address: 16713 5.W 1245 St Pembroke fines F1 33027
3. The mailing add	ress (if different):
4. Date of incorpor	ration/qualification: Document number:
5. The name and st Florida Departm	treet address of the current registered agent and registered office on file with the nent of State:
_	Jorre Rodriguez
	1947 Maderia Drive
_	Westen F1 33327
6. The name and st (if changed): — —	CLAURE HE RODISULZ (P.O. Box NOT acceptable) Pembroke Pines F1 830-82
The street address as changed will be	of its registered office and the street address of the business office of it egistered agent, e identical.
- Jaya	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change. (Printed or typed name and title)
I hereby accept the I further agree to further agree to of my different is being corporation has being the corporation has been the corporat	e appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the gen notified in writing of this change.
If signing on beha	If of an extity ded or Printed Name) (Date)

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