P050006667/

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800079267878

09/11/06--01034--019 **35.00

Phonh St

06 SEP 11 AM 4: 07
SECKETARY OF STATE
TALLAHASSEE, FISTATE

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJE	CCT: Statewide Title Solutions, Inc. (Name of Corporation)
DOCU	MENT NUMBER: P05000066671
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Pichard Davie
	Richard Doyle (Name of Contact Person)
	(Tunio di Contact I dison)
	Statewide Title Solutions, Inc.
	(Firm/Company)
	625 S. Missouri Ave.
	(Address)
	Clearwater, FL 33756
	(City/State and Zip Code)
For furt	her information concerning this matter, please call:
R	(Name of Contact Person) at (727) 455-3883 (Area Code & Daytime Telephone Number)
Enclose	ed 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

CR2E045 (8/05)

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

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of <u>Florida</u>
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Statewide Title Solutions, Inc.
2. The principal	office address: 625 S. Missouri Ave.
	Clearwater, FL 33756
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 8/23/2006 Document number: P05000066671
	street address of the current registered agent and registered office on file with the tment of State:
	Keith A. Ringelspaugh
	3347 49th St. North
	St. Petersburg, FL 33710
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Richard Doyle
	625 S. Missouri Ave.
	(P.O. Box NOT acceptable)
	Clearwater, FL 33756
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so é board, or the corporation has been notified in writing of the change.
4 14	Richard Doyle
, , , -	(Printed or typed name and title) 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 of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
	9-6-2006
	dature of Registered Agent) (Date)
If signing on bel	nalf of an entity:
Richard 1	
(T	yped or Printed Name)
	* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)