PU5000073683

		
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
	•	
PICK-UP	☐ WAIT	MAIL
		
(D.		
(BL	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	F::: 0#:	
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEF FIORIOA

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COVER LETTER

	ndment Section sion of Corporations						
SURIECT:	MANCHESTER TITLE, INC.						
SOBSECT	(Name of	Corporation)					
DOCUMEN	T NUMBER: P050000	73683					
The enclosed	Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.					
Please return	all correspondence concerning this mat	ter to the following:					
	DIGNA VAR	GAS					
	(Name of C	Contact Person)					
MANCHESTER TITLE INC							
	· (Firm/	Company)					
	8107 NW 33 STREET #B						
	(A	ldress) .					
	MIAMI, FL 33122						
	(City/State	and Zip Code)					
For further in	formation concerning this matter, pleas	e call:					
DIGNA	VARGAS	at (305) 514-3091 (Area Code & Daytime Telephone Number)					
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a	\$35.00 check made payable to the Dep	artment 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 cha	nge is submitted fo	ns 607.0502, 617.050 r a corporation organ	nized under	the laws of th	he State of <u>FL</u>	ORIDA		
•		stered office or registe MANCHESTER			ie State oj Fioi	чаа.		
	he corporation:							
2. The principal		7500 NW 25TH S						
		MIAMI, FL 3312						
3. The mailing a	ddress (if different)	:						
4. Date of incorp	ooration/qualification	on: <u>5-19-05</u>	Doc	ument numbe	r: _P050000	73683		
	l street address of the timent of State:	ne current registered a	ngent and r	egistered offic	ce on file with	the		
	· · ·	·						
	7500	NW 25TH STREET	#208					
	MIAM	, FL 33122				TAS	2	
						ECR	→	
6. The name and (if changed):	i street address of ti	ne new registered ager	nt (if chang	ged) and /or re	egistered office	HAS	₹ .	=
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						FES	2	O
	8107 N	W 33 STREET #B (P.O. Box NOT acceptable	3		•	0R1	2	
	MTAMI,	FL 33122	•,			OA M	ö	
The street addre	ess of its registered	office and the street	address o	f the business	s office of its i	registered	l agent.	
as changed will	be identical.						,	•
Such change wa authorized by th	as authorized by re ne board, or the co	solution duly adopte rporation has been no	ed by its bo otified in v	oard of directe writing of the	ors or by an or change.	fficer so		
	ire of in officer or directo	ar)	- DI	GNA VARGA	S yped name and title	e)		
I hereby accept I further agree to of my duties, an document is bei	the appointment a to comply with the d I am familiar wi ng filed merely to	s registered agent ar provisions of all stat th and accept the ob- reflect a change in th vriting of this change	tutes relat ligation of he register	o act in this c	anacity.	•	rmanc r, if thi that the	e s ?
	Lind			4/	30/07			
(Sig	gnature of Acgintered Ago	ent)			(Date)			
If signing on be	half of an entity:		•	/	-	•		
	p 1 D							
(1)	Typed or Printed Name)							

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