## PD5000122105

| (Re                                     | equestor's Name)   |             |
|---|--------------------|-------------|
| (Ac                                     | ddress)            |             |
| (Ad                                     | idress)            |             |
| (Ci                                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Bı                                     | usiness Entity Nar | me)         |
| (Document Number)                       |                    |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
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DIVISION OF CORPORATION

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## **COVER LETTER**

Amendment Section

TO:

| Division of C  | orporations                           |  |                  |  |
|--|---------------------------------------|--|------------------|--|
| SUBJECT:   | SUNBIZ TITLE                          | SERVICES, INC of Corporation             |                  |  |
|  | Name                                  | of Corporation                           |                  |  |
| DOCUMENT NUMI  | BER:F                                 | 05000122105                              |                  |  |
| The enclosed Stateme   | nt of Change of Registered C          | Office/Agent and fee are submitted       | d for filing.    |  |
| Please return all corre  | spondence concerning this m           | natter to the following:                 |                  |  |
|  |                                       |  |                  |  |
|  | W                                     | A LEWIS<br>f Contact Person              |                  |  |
| <del></del>  | Name o                                | f Contact Person                         |                  |  |
|  |                                       |  |                  |  |
|  | SUNBIZ TIT                            | LE SERVICES, INC                         |                  |  |
|  | Fin                                   | n/Company                                |                  |  |
|  | 00450 51455 41 5 0                    | 0.07.0.00.00.00.00.00.00.00.00.00.00.00. |                  |  |
|  | 36150 EMERALD Co                      | DAST PARKWAY, STE 101 Address            |                  |  |
|  |                                       | Address                                  |                  |  |
|  | DECTINA                               | TI ODIDA 20544                           |                  |  |
| DESTIN FLORIDA 32541 City/State and Zip Code   |                                       |  |                  |  |
|  |                                       |  |                  |  |
| JJROBY@GMAIL.COM  E-mail address: (to be used for future annual report notification) |                                       |  |                  |  |
| E-   | mail address: (to be used t           | or future annual report notifica         | ation)           |  |
|  |                                       |  |                  |  |
| For further informatio   | n concerning this matter, ple         | ase call:                                |                  |  |
|  | WENDY                                 | at ( 850 )                               | 650-9737         |  |
| Name   | of Contact Person                     | at ( <u>850</u> )<br>Area Code & Daytime | Telephone Number |  |
| Enclosed is a \$35.00 c  | heck made payable to the De           | epartment of State.                      |                  |  |
|  | Mailing Address:                      | Street Address:                          |                  |  |
|  | Mailing Address:<br>Amendment Section | Street Address:<br>Amendment Secti       |                  |  |
|  | Division of Corporation               | s Division of Corp                       | orations         |  |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## STATEM 1ENT 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, the latement of change is submitted for a corporation organized under the laws of the State of FLORIDA order to change its registered office or registered agent, or both, in the State of Florida.  | is<br>A                                |
|--|--|
| The name of the corporation: SUNBIZ TITLE SERVICES, INC.   |  |
| 2. The principal office address: 36150 EMERALD COAST PARKWAY, STE 101  |  |
| DESTIN FLORIDA 32541   |  |
| 3. The mailing address (if different):   |  |
| 4. Date of incorporation/qualification: 0 2 2005 Document number: P0500012   | 22105                                  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)   |  |
| C M ROBY   |  |
| 42 BUSINESS CENTER STE 308   |  |
| MIRAMAR BEACH FL 32550   | 딘                                      |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  | SECRETAR CORPORATION 03                |
| W A LEWIS  | coar                                   |
| 36150 EMERALD COAST PARKWAY, STE 101   | F CORPORALIO                           |
| P.O. Box NOT acceptable  | 0,                                     |
| DESTIN FLORIDA 32541   | . بن                                   |
| The street address of its registered office and the street address of the business office of its registere as changed will be identical.   | ed agent,                              |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.  | ı                                      |
| WALEWIS, PRESIDENT Signature of an officer or director  WALEWIS, PRESIDENT Printed or typed name and title   | <del></del>                            |
| I hereby accept the appointment as registered agent and agree to act in this capacity.<br>I further agree to comply with the provisions of all statutes relative to the proper and complete per<br>of my duties, and I am familiar with and accept the obligation of my position as registered agent. Condument is being filed merely to reflect a change in the registered office address, I hereby confirm<br>corporation has been notified in writing of this change. | formance<br>Or, if this<br>of that the |
| WA 7015 4-1-2011   |  |
| Signature of Registered Agent Date   |  |
| If signing on behalf of an entity:   |  |
| W A LEWIS Typed 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)