

P05000142076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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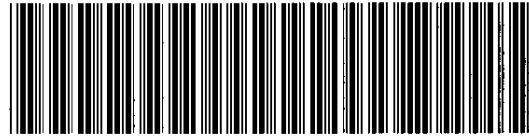
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** UNIVERSITY CAPITAL TITLE GROUP, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P05000142076

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:

JOHN SCIBELLI  
Name of Contact Person

UNIVERSITY CAPITAL TITLE GROUP, INC.  
Firm/Company

11190 NW 26 DR  
Address

CORAL SPRINGS, FL 33065  
City/State and Zip Code

ScibelliJ@bellsouth@net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN SCIBELLI at ( 954 ) 340-2926  
Name of Contact Person Area Code & Daytime Telephone Number

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**

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UNIVERSITY CAPITAL TITLE GROUP INC.

2. The principal office address: 11190 NW 26 DR CORAL SPRINGS, FL. 33065

3. The mailing address (if different): 11190 NW 26 DR CORAL SPRINGS, FL. 33065

4. Date of incorporation/qualification: 10/18/2005 Document number: P05000142076

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)

JOHN SCIBELLI

8050 N. UNIVERSITY DR 210 TAMARAC, FL. 33321

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

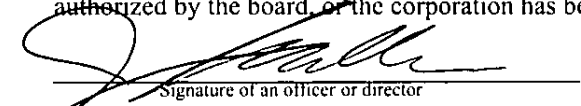
11190 NW 26 DR CORAL SPRINGS, FL. 33065

P.O. Box NOT acceptable

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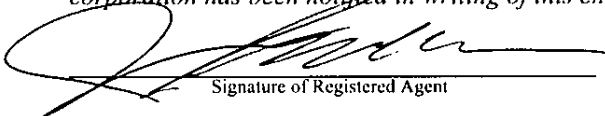
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

JOHN SCIBELLI/PRESIDENT  
Printed or typed name and title

*I hereby accept the appointment 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 reflect 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

7/6/2010  
Date

If signing on behalf of an entity:

John Scibelli, President  
Typed or Printed Name

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