P06000003910

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Amendmen Division of	nt Section Corporations	
SUBJECT:	RAPID CLOSINGS & ES	oration)
DOCUMENT NU	MBER: P060000	3916
The enclosed States	nent of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all cor	rrespondence concerning this matter to	the following:
	Dana S	ternary
-	(Name of Contac	t Person)
_	RAPID Clas (Firm/Comp	ing & Escion, inc
_	7471 W o	AKIAND PACK BLUD # 140
	FT LAU SerSAI (City/State and Z	e, Fc. 33319 ip Code)
For further informa	tion concerning this matter, please call:	
DANA (Nai	me of Contact Person)	t (954) 6/6 - 4/2 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.0	0 check made payable to the Departmen	nt 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

TO:

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

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: RAPID CLOSINGS & ESCROW INC.
2. The principal office address: 7471 WOAK (AND FARK BLUD #110 FT LAUDERSALE, FL 33319
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/9/06 Document number: POG 00000 39/
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
James L Soule
JAMES L SOULE 7515 WOAKIND PARK BLUD #100
FT LAU JENJALO, FC. 33319
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ANTHONY TITORE
7471 W OAKIAND PARK SLUD # 110 (P.O. Box NOT acceptable)
FT LAUDERONIE, FC. 33319
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 of director) (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) 4/20/06 (Date)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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