P06000043878

(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:
,

Office Use Only



700076053907

06/13/06--01022--007 **35.00

FILED

06 JUN 13 AM 10: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations SUBJECT: JOANIE'S ESCROW RECONCILIATION SERVICE, INC. (Name of Corporation) DOCUMENT NUMBER: P06000043878 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: Isabel Burgos on behalf of Incorp Services, Inc. (Name of Contact Person) Incorp Services, Inc. (Firm/Company) 3155 East Patrick Lane, Suite 1 (Address) Las Vegas, NV 89120-3481 (City/State and Zip Code) For further information concerning this matter, please call: Isabel Burgos on behalf of Incorp Services, Inc. at (702 (Area Code & Daytime Telephone Number) (Name of Contact Person) 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

TO:

Amendment Section

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

statement of cha	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 Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: JOANIE'S ESCROW RECONCILIATION SERVICE, INC.
2. The principal	office address: 9877 Highway 151
	Trion, GA 30753
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 03/27/2006 Document number: P06000043878
	street address of the current registered agent and registered office on file with the tment of State:
	ADAMS, JOANIE M
	25149 BLUE SINK ROAD
	HOWEY-IN-THE-HILLS FL 34737
Florida Department of State: ADAMS, JOANIE M 25149 BLUE SINK ROAD HOWEY-IN-THE-HILLS FL 34737 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
	Incorp Services, Inc.
	18450 NE 2nd Ave.
	(P.O. Box NOT acceptable) Miami, FL 33179
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	Joanie M. Adams (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance d 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.
Sold Courses	on behalf of Incorp Sewicer, Drc. May 30, 2006 gnature of Registered Agent) (Date)
If signing on be	half of an entity:
	on behalf of Incorp Services, Inc. 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 * * *