P06000050389

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	o#)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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11/13/06--01002--008 **35.00

(15 NO) -9 FILM 27

MOV-9 PM 4:

1000 11/13/00

FLORIDA COMPLIANCE SPECIALISTS, INC.



DAVE TAYLOR, PRESIDENT

2331 Hanson Place Tallahassee, Florida 32301 Voice: (850) 942-5464 Fax: (850) 942-5111 www.floridacompliance.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	(Corporation Name)	(Docu	ment #) / Po60000
2	(Corporation Name)	(Docu	ment #)
3	(Corporation Name)	(Доси	ment #)
4	(Corporation Name)	(Docu	ment #)
Walk in	Pick up time _	11-10	Certified Copy
Mail out	☐ Will wait	Photocopy	Certificate of Status
NEWFILINGS.	AMENDM	ENTS	
Profit	Amendment		
NonProfit	Resignation of	R.A., Officer/Director	r
Limited Liability	Change of Rep	gistered Agent	
Domestication	Dissolution/W	ithdrawal	
Other	Merger		
OTHER FILING	REGIST	RATION/	
Annual Report		ICATION =	
Fictitious Name	Foreign		
Name Reservation	Limited Partne	rship	
	Reinstatement		
	Trademark		
	0.5-		

Examiner's Initials

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 Houde.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: International Global Title Corp.
2. The principal office address: 1050 Sandlake Rol. Stc. 130
O Mando, FL 32809
3. The mailing address (if different): Same.
SSR 9
4. Date of incorporation/qualification: (0/01/0/a Document number: P0/0000550389.
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Brothers, Giuliana
2814 Minute Maid Pramp 1.
Darenport, FL 33837.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Fabian Munoz
8224 Firenze Blvd. (P.O. Box NOT acceptable)
Orlando, FC 32836
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.
Daniel Munoz/Vice-President
(Signature of an officer of director) (Finited of typed frame and time)
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.
20-F0-11
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
FASIAN Must 22_ (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 * * *