PO6000054731

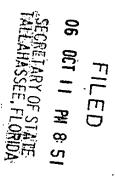
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(D.	siness Entity Nan	
(60	siness Enuty Man	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	, imig cineci:	
	•	
		}

Office Use Only



700080569407

10/11/06--01065--004 **35.00



KHA RACHUNGE

COVER LETTER

Division of Corporations SUBJECT: MG AMERICAN TITLE COMPANY, INC A FLORIDA CORPORATION (Name of Corporation) DOCUMENT NUMBER: P06000054731 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: MARTHA GOMEZ (Name of Contact Person) MG AMERICAN TITLE COMPANY, INC A FLORIDA CORPORATION (Firm/Company) 4400 N. FEDERAL HWY, SUITE 210-38 (Address) BOCA RATON, FL 33431 (City/State and Zip Code) For further information concerning this matter, please call: MARTHA GOMEZ (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address: Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section

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

_	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the	
=	nge is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	ne corporation: MG AMERICAN TITLE COMPANY, INC A FLORIDA CORPORATIO	N
	office address: 4400 N. FEDERAL HWY, SUITE 210-38 DN, FL 33431	
3. The mailing ac	Idress (if different): 4400 N. FEDERAL HWY, SUITE 210-38 N, FL 33431	
4. Date of incorp	oration/qualification: APRIL 17, 2006 Document number: P06000054731	
	street address of the current registered agent and registered office on file with the tment of State:	
	MARTHA GOMEZ	
	5700 NW 2nd Avenue, Unit 310 Boca Raton, FL 33487	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	06 OCT
	MARTHA GOMEZ 4400 N. FEDERAL HWY, SUITE 210-38 (P.O. Box NOT acceptable)	LED LED
The street addre	ss of its registered office and the street address of the business office of its register be identical.	red agent,
Ufari	is authorized by resolution duly adopted by its board of directors or by an officer see board, or the corporation has been notified in writing of the change. ### A P THA 6 OH Printed or typed name and title Printed or typed name and title	o EZ-PRESIDENT
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete ped I am familiar with and accept the obligation of my position as registered agent, ng filed merely to reflect a change in the registered office address, I hereby confire been notified in writing of this change.	rformance Or, if this m that the
Warth	the L-Corneg 10/3/06 grature of Registered Agent) (Date)	
If signing on be	half of an entity:	
MART	THA GOMEZ. Typed or Printed Name)	

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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