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| Special Instructions to | Filing Officer: | |
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T. LEWIS

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|--|--|--|
| SUBJECT: Go Title! IUC. Name of Corporation | | |
| DOCUMENT NUMBER: P 06 0000 689 25 | | |
| 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: | | |
| Jetemy Sposato Name of Contact Person | | |
| J. Roberts and Company | | |
| 8890 Saltose Lave #106 | | |
| Fort Myers FL 33912 City/State and Zip Code | | |
| Teremy. Sposato @ irolants. com E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Teremy Sports at 239 349-2317 Name of Contact Person Area Code & Daytime Telephone Number | | |
| 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: Go Title! Tuc, | | |
| 2. The principal office address: 8890 Salvose Lave, #106 | | |
| Ft. Muels FL 33912 | | |
| 3. The mailing address (if different): Same | | |
| | | |
| 4. Date of incorporation/qualification: 5/17/2006 Document number: PO6 0000 68925 | | |
| 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) | | |
| Jereny Sposato | | |
| 8890 Saltose Lave, #106 | | |
| FORT MUST (FL 33912 55) 3 | | |
| 一 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | |
| Law Office of Thomas M. Tarsia, P.A. | | |
| 2311 Sauta Barbara Blud, #111 | | |
| P.O. Box NOT acceptable | | |
| Cape Corol, FC 37991 | | |
| 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. | | |
| Jangun Sosaro Rus. | | |
| Signature of an officer or director Printed or type I 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. | | |
| Ja W. Let S 1/28/13 | | |
| Signature of Registered Agent Date | | |
| If signing on behalf of an entity: | | |
| Thomas M. Tarsia Typed or Printed Name | | |

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