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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVEL AND FILED

R.A. Chong

C. Coultiothe NOV 2 6 2007

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: AA TITLE SOLUTIO	ONS, INC. (Name of Corporation)		
DOCUMENT NUMBER: P0600007	2381		
The enclosed Statement of Change of Reg	istered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
ANA AHERAN	Name of Contact Person)		
AA TITLE SOLUTIONS, INC. (Firm/Company)			
15389 SW 16 TERRACE (Address)			
MIAMI, FLORIDA 33185 (City/State and Zip Code)			
For further information concerning this matter, please call:			
ANA AHERAN (Name of Contact Person)	at (305) 223-5858 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL	porations Division of Corporations Clifton Building		

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

statement of cha	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of FLORIDA red agent, or both, in the State of Florida.	
1. The name of t	the corporation: AA TITLE SOLUTION	NS, INC.	
2. The principal MIAMI, FL	office address: <u>15389 SW 16 TERRA</u> . 33185	CE	
3. The mailing a	ddress (if different): 15389 SW 16 TE	ERRACE, MIAMI, FL 33185	
4. Date of incorp	poration/qualification: 05/23/2006	Document number: <u>P06 000072</u>	381
	street address of the current registered ag tment of State:	ent and registered office on file with the	
	AHERAN, ANA		
	2500 NW 79TH AVE. STE	299	
	DORAL, FL 33122		
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered office	071
	AHERAN, ANA	AH	07 NOV 16
	15389 SW 16 TER. (P.O. Box NOT acceptable)		ARY
	MIAMI, FL 33185	ָרָת ב	PM 4: 2
The street addre	ss of its registered office and the street a be identical.	address of the business office of its registered	: 21
Such change wa authorized by th	s authorized by resolution duly adopted e board or the corporation has been not	by its board of directors or by an officer so tified in writing of the change.	
(Signatu	reof an officer or director)	ANA AHERAN POES. (Printed or Typed name and title)	
I further agree to of my duties, and document is being the comment of the comment is being the comment of the c	the appointment as registered agent and o comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity. ues relative to the proper and complete perform gation of my position as registered agent. Or, ij registered office address, I hereby confirm that	ance f this t the
	$(b \cdot)$	11/09/2007	
	hature of registered (gent)	(Date)	
	nati of an entity:		
<u> </u>	HHE NAMU yped 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 * * *