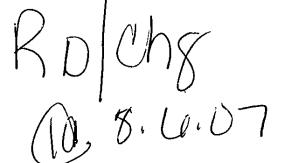
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ROBERT & JONE THE SERVICE INC. (Name of Corporation)
DOCUMENT NUMBER: PD600176109
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:
Anthony Jones (Name of Contact Person)
Roberts Some Title Services Inc.
8180 Nw 36th Street Juite 300
Miami, FL 33166 (City/State and Zip Code)
For further information concerning this matter, please call:
Atthony Jores (Name of Contact Person) at (305) 418-4574 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (8/05)

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
1. The name of the corporation: Roberts & Jones Title Services, Inc.
2. The principal office address: 8180 NW 36th Freet. Svite 300
3. The mailing address (if different):
4. Date of incorporation/qualification: Ottober 02, 2006 Document number: P06000126104
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Anthony J. Jones
1764 EW 151 PL
Miami, FL 33185
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Anthony Jones
8180 NW 36th Ct. Cutte 300
Miani, FL 33166
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.
(Signature of an officer or directions Anthony (Signature of an officer or directions)
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.
Signature of Registered Agent) 7/26/07 a 250
(Date) If signing on behalf of an entity: (Typed or Printed Name)
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)