P07000010249			
(Requestor's Name) (Address) (Address)	400091520144		
(City/State/Zip/Phone #)	03/12/0701026023 **35.00		
Certified Copies Certificates of Status	APPRUVEU AND FILED SECRE FARY OF STATE TALLAHASSEE, FLORIDA		
Office Use Only	C. Coulliens MAR 3 0 2007		

COVER LETTER

TO: Amendment Section Division of Corporations

leon SUBJECT: **DOCUMENT NUMBER:**

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

1eZ Company #206 NW 107 AVE 2500 3172 iami -1a

For further information concerning this matter, please call:

305 639-9998 Wbrk# ian<u>na</u> at ((Name of Contact

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50-Filing Fee, Certificate of Status & Certified Copy

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2007

DIANNA PEREZ AEON TITLE COMPANY 2500 NW 107 AVE., #206 MIAMI, FL 33172

SUBJECT: AEON TITLE COMPANY Ref. Number: P07000010249

We have received your document for AEON TITLE COMPANY and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 807A00017900

NUMBER OF CORPORATIONS

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations

Aeon Title Company (Name of Corporation) SUBJECT:

DOCUMENT NUMBER: <u>*PD*</u>70000 102 49

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:

Dianna Perez (Name of Contact Person) Aeon Title Company TATION OF CORRESATIONS)7 HAR 28 AH 8: 00 2500 NW 107 Ave #206 (Address) Miami F/G 33172 (City/State and Zip Code)

For further information concerning this matter, please call:

Name of Contact Person) at (<u>305</u>) <u>639</u> <u>9998</u> (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State. V REF # P070000/0249(attached)

> 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

I. The name of the	corporation: Aeon Title Company	
2. The principal of	fice address: 2500 NW 107 Ave #206	
	Miami Fla 33172	
3. The mailing add	ress (if different):	
4. Date of incorpor	ation/qualification: <u>1-23-2007</u> Document number: <u>PD 7000</u>	010249
5. The name and st Florida Departm	reet address of the current registered agent and registered office on file with the ent of State: Dianna Perez	
-	14954 SW 34 ST.	
	MIAMI FLA 33185	IA SI
6. The name and st (if changed):	reet address of the new registered agent (if changed) and /or registered office	FILE MAR 29 ECRETARY
_	Dianna Perez	EE.
_	14945 SW 34 ST. (P.O. Box NOT acceptable)	8:01 STATE FLORIDA
	MIAMI IFLA 331AC	

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.

dent re (ez (Signature of an officer of director) (Printed or typed name 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.

Signature of Registered Agent)

If signing on behalf of an entity:

anna erez

(Typed or Printed Name)

<u>3-26-07</u> (Date)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314