

PO7000010370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
HALLANDERSBURG, FLORIDA

T. Roberts MAY 08 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2008

MARCELA MCCALL
PREMIER TITLE AGENCY SERVICES INC.
12960 SW 133 COURT
MIAMI, FL 33188

SUBJECT: PREMIER TITLE AGENCY SERVICES INC.
Ref. Number: P07000010370

We have received your document for PREMIER TITLE AGENCY SERVICES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please list registered agent name in block #6.

The registered agent must sign accepting the designation.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 308A00026328

RECEIVED
2008 MAY -8 AM 8:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PREMIER TITLE AGENCY SERVICES INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000010370

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:

MARCELA MCCALL

(Name of Contact Person)

PREMIER TITLE AGENCY SERVICES INC.

(Firm/Company)

12960 SW 133 COURT

(Address)

MIAMI, FLORIDA 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCELA MCCALL

(Name of Contact Person)

at (305) 251-1694

(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: PREMIER TITLE AGENCY SERVICES INC.
2. The principal office address: 12960 SW 133 COURT, MIAMI, FLORIDA 33186
3. The mailing address (if different): 12960 SW 133 COURT, MIAMI, FLORIDA 33186
4. Date of incorporation/qualification: 01/12/2007 Document number: P07000010370

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Marcela R. McCall

12952 SW 133 COURT, SUITE A

MIAMI, FLORIDA 33186

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

12960 SW 133 COURT

MIAMI, FLORIDA 33186

(P.O. Box NOT acceptable)

MARCELA MCCALL

*(X) I just need to
change address
for the register Agent.*

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 director)

MARCELA MCCALL

(Printed or typed 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.


(Signature of Registered Agent)

5-5-08
(Date)

If signing on behalf of an entity:

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA