| (Requestor's Name)                      |            |
|---|------------|
| (Address)                               | 500111     |
| (Address)                               |            |
| (City/State/Zip/Phone #)                |            |
| PICK-UP WAIT MAIL                       | it me      |
| (Business Entity Name)                  | - 11/05/07 |
| (Document Number)                       |            |
| Certified Copies Certificates of Status | 4          |
| Special Instructions to Filing Officer: | What       |
|   |            |

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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: ALL WORLD TITLE, CORP.  (Name of Corporation)   |
| DOCUMENT NUMBER: P07000031326  |
| 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:                        |
| Nicolas Lampariello (Name of Contact Person)   |
| ALL WORLD TITLE, CORP. (Firm/Company)  |
| 5040 NW 7th Street, Suite 610 (Address)  |
| Miami, Florida 33126 (City/State and Zip Code)   |
| For further information concerning this matter, please call:                                     |
| Hector A. Pena at (786) 443.2125 (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  Street Address: Amendment Section                            |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.   |  |
|--|--|
|  |  |
| 1. The name of the corporation: ALL WORLD TITLE CORP.  |  |
| 2. The principal office address: 5040 NW 7th Street, Suite 610, Miami, Florida 33126   |  |
| 3. The mailing address (if different): Same  |  |
| 4. Date of incorporation/qualification: 03/12/2007 Document number:  |  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:   |  |
| L&P Executive Holdings, Inc.   |  |
| 10 NW 42nd Avenue, Suite 315   |  |
| Miami, Florida 33126   |  |
| Miami, Florida 33126  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |  |
| L&P Executive Holdings, Inc.   |  |
| 5040 NW 7th Street, Suite 610  |  |
| (P.O. Box NOT acceptable)  Miami, Florida 33126  |  |
| 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 corpdration has been notified in writing of the change.  |  |
| (Signature of the objection) Nicolas lampaiell President   |  |
| 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 ham 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) (Date)   |  |
| If signing on behalf of an entity:   |  |
| Nicolas Laupaniello - L&P Executive Holdings, Inc. (Typed 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 \* \* \*