P07000032154

(Red	questor's Name)	
(Add	dress)	
(Address)		
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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10/30/07--01047--003 **35.00

HILED 2007 OCT 30 PM 3: 00 SECRETARY OF STATE

R.A. Address Change

10-31-07

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Drauge Title Services Corp. (Name of Corporation)
DOCUMENT NUMBER: PD700032154
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:
Oeunifer Wester um (Name of Contact Person)
Drauge Title Services Corp.
10620 Griffin Road, Suite 202
Copper City FL 33328 (City/State and Zip Code)
For further information concerning this matter, please call: Jennifer Wester at (954) 680 1510 Name of Contact Person (Area Code & Daytime Telephone Number)
England in a \$25.00 shark and analysis to the December of \$50.00

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.
in order to change its registered office or registered agent, or both, in the state of Florida.
1. The name of the corporation: Ovall the services Corp.
2. The principal office address: 10620 Grittin Koad, Suite 202
3. The mailing address (if different):
4. Date of incorporation/qualification: 3 15 07 Document number: P07 000032154
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Jennifer D. Westerlund, P.A.
12555 Drauge Drive, #268
Davie, FL 33330 == = = = = = = = = = = = = = = =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
10620 Griffin Rond, Suite 2025
Cooper City, FL 33328
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) J. WESTERUND (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.
Structure of Registered Agent) 10 74 07
If signing on behalf of an entity:
U. WESTERWND

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