P07000082829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
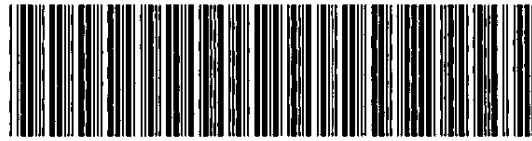
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LUXURY XPRESS TITLE SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000082829

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:

LYDIA LOPEZ
(Name of Contact Person)

LUXURY XPRESS TITLE SERVICES, INC.
(Firm/Company)

11890 SW 8th STREET SUITE 209
(Address)

MIAMI, FL 33184
(City/State and Zip Code)

For further information concerning this matter, please call:

LYDIA LOPEZ   at (786) 488-5534
(Name of Contact Person)   (Area Code & Daytime Telephone Number)

Enclosed is a $35.00 check made payable to the Department of State.

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

CR2E045 (8/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2007

LYDIA LOPEZ
LUXURY XPRESS TITLE SERVICES INC
11890 SW 8TH STREET, SUITE 209
MIAMI, FL 33184

SUBJECT: LUXURY XPRESS TITLE SERVICES. INC
Ref. Number: P07000082829

We have received your document for LUXURY XPRESS TITLE SERVICES. INC
and check(s) totaling $43.75. However, the enclosed document has not been
filed and is being returned to you for the following reason(s):

The wrong form was submitted. The form you sent was for an Alien Business
Organization, the entity was originally filed as a Florida Corporation.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor   Letter Number: 407A00056154

RECEIVED 2001 OCT -3 AM 8: 00 SECRETARY OF STATE TALLAHASSEE.FLORIDA

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:___LUXURY XPRESS TITLE SERVICES, INC.___

2. The principal office address:_____11890 SW 8th STREET SUITE 209___

_____MIAMI, FL 33184___

3. The mailing address (if different):_____

4. Date of incorporation/qualification: __JULY 16, 2007__ Document number: P07000082829

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

___TANIA GONZALEZ MISS___

___11890 SW 8th STREET SUITE 209___
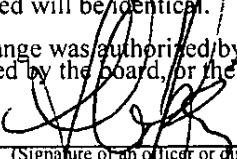
___MIAMI, FL 33184___

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

___LYDIA LOPEZ___

___11890 SW 8th STREET SUITE 209___
<div align="center">(P.O. Box NOT acceptable)</div>

___MIAMI, FL 33184___

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)

LYDIA LOPEZ / PRESIDENT
_____
(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)

SEPTEMBER 27, 2007
_____
(Date)

If signing on behalf of an entity:

_____
(Typed or Printed Name)

<div align="center">

* * * 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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CR2E045 (8/05)

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TALLAHASSEE, FLORIDA