# 107000130304

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
|   |
| (Address)                               |
| •                                       |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Dusings Futtly Name)                   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| <u></u>                                 |





700118302087

02/26/08--01004--014 \*\*35.00

Amendon

SECRETARY OF STATE

T. Roberts MAR 1 0 2008



<sub>5</sub> February 27, 2008

JOHN MOHAN FIRST FLORIDIAN TITLE INC. 5941 NW 173RD STE #7 MIAMI LAKES, FL 33015

SUBJECT: FIRST FLORIDIAN TITLE INC

Ref. Number: P07000130304

We have received your document for FIRST FLORIDIAN TITLE 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):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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: 608A00012235



# **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION:   | RST FLORIDIAN TITLE INC.  |
|--|---|
| DOCUMENT NUMBER: P070  | 00130304  |
| The enclosed Articles of Amendment an  | d fee are submitted for filing.   |
| Please return all correspondence concern   | ing this matter to the following:   |
| JOHN   | MOHAD (Name of Contact Person)  |
| First FL   | ORIOIAN TITLE INC. (Firm/Company)   |
| 5941 NW 173  | RO Suite #7 (Address)   |
| MIAMI LAKE   | S FL 33015<br>(City/ State and Zip Code)  |
| For further information concerning this  | natter, please call:  |
| JOHN MOHAN (Name of Contact Person)  | at ( <u>561</u> ) <u>531-005</u><br>(Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following am   | ount:   |
| \$35 Filing Fee  |   |
| 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 |

## Articles of Amendment to Articles of Incorporation

| At ticles of factor por action   |             |       |
|--|-------------|-------|
| of   | 黑黑          | 80    |
| FIRST FLORIDIAN TITLE INC.   | CRE         | 基果    |
| (Name of corporation as currently filed with the Florida Dept. of State)   | TAS<br>SAT  | 5     |
|  | 紹介          | PH    |
| <u>+07000130304</u>  | 17 S        | 7 2   |
| (Document number of corporation (if known)   | 多至          | 2: 08 |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpora</i> adopts the following amendment(s) to its Articles of Incorporation:                       | tion P      | , &   |
| NEW CORPORATE NAME (if changing):  |             |       |
| CLOSING SOLUTIONS INC  |             |       |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co   | 2 ")        |       |
| (A professional corporation must contain the word "chartered", "professional association," or the abbreviation   | "P.A.")     |       |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Num and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)   |             |       |
| RESIGNATION OFFICERS/ DIRECTORS STEVE ARCE   | <u></u>     |       |
| RESIGNATION OF REGISTERED AGENT STEVE ARC  | Ē_          |       |
| NEW OFFICIER JOHN MOHAN  | •           |       |
| NEW REGISTERED AGENT JOHN MOHAN  |             |       |
|  | c suit      | e3    |
| ADDRESS Change FROM 5973 NW 173 RD DRING<br>TO 5941 NW 173 RD ORIVE Suite #7, MIAM   | 1/          |       |
| LAKES, FL 33015  | <del></del> |       |
| ADDRESS CHANGE FOR REGISTERED AGENT TO 5941 NW   | 173 E       | 2     |
| DRIVE Suite #7, Migm: LAKES, FL 33015  (Attach additional pages if necessary)  |             |       |
| (Attach additional pages if necessary)   |             |       |
| If an amendment provides for exchange, reclassification, or cancellation of issued shares, profor implementing the amendment if not contained in the amendment itself: (if not applicable, ind |             |       |
|  |             |       |
|  |             |       |
|  | <del></del> |       |
|  |             |       |

(continued)

| The date of each amendment(s) adoption: $\frac{2\sqrt{20/08}}{}$  |
|---|
| Effective date if <u>applicable</u> : 2/20/08  (no more than 90 days after amendment file date)   |
| (no more dian so days area amenantics and cases)  |
| Adoption of Amendment(s) (CHECK ONE)  |
| The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):                    |
| "The number of votes cast for the amendment(s) was/were sufficient for approval by  |
| (voting group)  |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.   |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  |
| Signature  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| STEVE ARCE  |
| (Typed or printed name of person signing)   |
| PRESIDENT   |
| (Title of person signing)   |

**FILING FEE: \$35** 

### **CLOSING SOLUTIONS INC**

### JOHN MOHAN 5941 NW 173<sup>RD</sup> DRIVE SUITE # 7 MIAMI LAKES, FL 33015

### TO WHOM IT MAY CONCERN;

THIS DOCUMENT IS TO STATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT FOR SAID CORPORATION/LIMITED LIABILITY COMPANY.

SINCERELY,

JOHN MOHAN

Jor Jon