P090000 36084

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(A	ddress)	
(A	ddress)	
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COVER LETTER

TO:

Amendment Section Division of Corporations

VANTAGE POINT TITLE, INC. P09000036084

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:

IAN GORMAN

Name of Contact Person

VANTAGE POINT TITLE, INC.

Firm/Company

25400 US 19 NORTH, #135

Address

CLEARWATER, FL 33763

City/State and Zip Code

DSILCOTT@VPTITLE.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IAN GORMAN

 $at \, (\frac{727}{\text{Area Code \& Daytime Telephone Number}})$

Name of Contact Person

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 Statute statement of change is submitted for a corporation organized under the laws of the State of FLORII in order to change its registered office or registered agent, or both, in the State of Florida	DA	
1. The name of the corporation: VANTAGE POINT TITLE, INC.	•	
2. The principal office address: 25400 US 19 NORTH, #135, CLEARWATER, FL	33763	
3. The mailing address (if different): SAME AS ABOVE		
4. Date of incorporation/qualification: 04/22/2009 Document number: P09000036	3084	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	2.7	
IAN GORMAN	ARRI	1
28100 US 19 NORTH, SUITE 200	710	<u> </u>
CLEARWATER, FL 33761	STATE	1:00
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	484-	
ROBERT JACKSON		
25400 US 19 NORTH, SUITE 135		
P.O. Box NOT acceptable CLEARWATER, FL 33763		
The street address of its registered office and the street address of the business office of its regis as changed will be identical.	tered agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.	r so	
ROBERT JACKSON, PRESI Signature of an officer or director Printed or typed name and title	DENT	
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 reagent. Or, if this document is being filed merely to reflect a change in the registered office addressly confirm that the corporation has been notified in writing of this change.	gistered ress, I	
Signature of Registered Agent Date If signing on behalf of an entity:		
ROBERT JACKSON		
Typed or Printed Name		

* * * FILING FEÈ: \$35.00 * * *