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#### **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Sovereign Shores Title Company, Inc.

Name of Corporation

DOCUMENT NUMBER.

P09000068731

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:

#### Katherine M. Kilcullen

Name of Contact Person

Sovereign Shores Title Company, Inc.

Firm/Company

125 W. Indiantown Road #204

Address

Jupiter, FL 33458

City/State and Zip Code

### kate@sovereignshorestitle.com

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

For further information concerning this matter, please call:

Katherine M. Kilcullen

,561

799-9450

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
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

statement of che	ne provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Stati Change is submitted for a corporation organized under the laws of the State of <u>FL</u>	·	
	der to change its registered office or registered agent, or both, in the State of Flori	da.	
1. The name of	of the corporation: Sovereign Shores Title Company, Inc.		
2. The principal	pal office address: 125 W. Indiantown Road #204		_
Jupiter, F	FL 33458		
3. The mailing a	g address (if different):		
4. Date of incor	orporation/qualification: 08/14/2009 Document number: P090000	68731	
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	ne	
	Katherine M. Kilcullen		
	493 Capistrano Drive		
	Palm Beach Gardens, FL 33410		
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office ):	ZHI AUG 25	n Se sa Se sa
	125 W. Indiantown Rd #204		[""
	P.O. Box NOT acceptable	Titos Titos	gae cr
	Jupiter, FL 33458	<b>受用 3</b> 年	
The street address changed will	lress of its registered office and the street address of the business office of its reg ill be identical.	istered agent,	
Such change was authorized by th	was authorized by resolution duly adopted by its board of directors or by an offic the board, or the corporation has been notified in writing of the change.	er so	
1/4/	Katherine M. Kilcullen, P	- · · · · · · · · · · · · · · · · · · ·	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	Printed or typed name and title  of the appointment as registered agent and agree to act in this capacity.  the to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as re this document is being filed merely to reflect a change in the registered office ade that the corporation has been notified in writing of this change.  Ignature of Registered Agent	egistered dress, I	
If signing on bel	pehalf of an entity:		
Katherine M	M. Kilcullen		
Ty	Typed or Printed Name		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)