

P11000031339

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

RA Change

7-3-13

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2013

PAULA PAUTAUIROS
NATIONAL ASSURANCE TITLE, INC.
13401 MCCORMICK DR., #B
TAMPA, FL 33626

SUBJECT: NATIONAL ASSURANCE TITLE, INC.
Ref. Number: P11000031339

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 713A00015362

RECEIVED
13 JUL - 1 AM 8:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Assurance Title, Inc.

Name of Corporation

DOCUMENT NUMBER: P11000031339

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:

Paula Pautauros

Name of Contact Person

National Assurance Title, Inc.

Firm/Company

13401 McCormick Dr. Suite B

Address

Tampa, FL 33626

City/State and Zip Code

ppautauros@hotmail.com

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

For further information concerning this matter, please call:

Paula Pautauros

Name of Contact Person

at (727) 239-1257

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**

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: National Assurance Title, Inc.
2. The principal office address: 4033 Tampa Rd Ste 103 Oldsmar FL 34677
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/30/2011 Document number: P11000031339

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)

Paula Pautauros

12410 Tarpon Springs Rd

Odessa, FL 33556

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

Paula L. Pautauros

National Assurance Title, Inc.

13401 McCormick Dr., Suite B

P.O. Box NOT acceptable

Tampa, FL 33626

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TALLAHASSEE FLORIDA

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]
Signature of an officer or director

Paula Pautauros, 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]
Signature of Registered Agent

6/25/13
Date

If signing on behalf of an entity:

Paula L. Pautauros

Typed or Printed Name

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