

P93000017681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

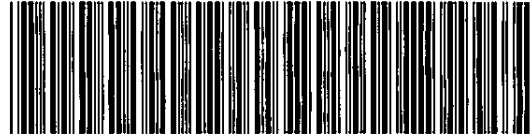
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 23 2015
T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRI COUNTY TITLE & TRUST, INC

Name of Corporation

DOCUMENT NUMBER: P93000017681

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:

CARLOS R. PENA

Name of Contact Person

TRI COUNTY TITLE & TRUST, INC

Firm/Company

12741 MIRAMAR PKWY, STE 101

Address

MIRAMAR, FL 33027

City/State and Zip Code

INFO@TRICOTITLE.NET

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

For further information concerning this matter, please call:

CARLOS PENA

Name of Contact Person

at (954) 404-9774

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: TRI COUNTY TITLE & TRUST, INC

2. The principal office address: 12741 MIRAMAR PKWY, STE 101 MIRAMAR, FL 33027

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/1993 Document number: P93000017681

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)

CARLOS R. PENA

3400 LAKESIDE DRIVE, STE 100

MIRAMAR, FLORIDA 33027

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

CARLOS R. PENA

12741 MIRAMAR PKWY, STE 101

P.O. Box NOT acceptable

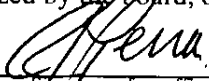
MIRAMAR, FLORIDA 33027

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TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

CARLOS R. PENA, PRES.

Printed or typed name and title

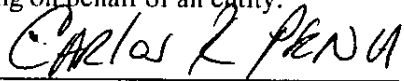
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if 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

9/11/2014

Date

If signing on behalf of an entity:


Typed or Printed Name

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