200	Titular, Inc. On SEP 29 AM 9: 32 Separation of SEP 29 AM 9:									
						FILED				
Titular, Inc.						00 SEP 29 AM 9: 32				
Principal Pla	ace of Business	Mailing Address	····		SAGRETARY OF STATE. TALLALASITE, FLORIDA					
						•				
2. Principal	Place of Business	3. Mailing Address] <i>i</i>					
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Sta		City & State	·		4. FEI Number	59 ⁻ 338251(
Zip -=						5. Certificate of Status Desired \$3.75 Additional				
Gree		Registered Agent		lame	7. Name and Ad	dress of New Registe		ired		
1601	l S Grove Street			oddress (P.O. Box Number is Not Acceptable)						
Eust	tis, FL 32726				T.O. DOX HUSTIDER IS		·			
-	•			ity	· · · ·		■ Zin Ci	ode		
8. The abov	e named entity submits this statement fo	or the purpose of changing its r	egistered o	ffice or register	red agent, or both, in	n the State of Florida	FL 200			
SIGNATURE		71.476	4 <u>.</u>		n steam's who so was	· · · · · · · · · · · · · · · · · · ·	<u></u>	C No. 3		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. aria on back) OFFICERS AND	FILE NOW!! After MAY.1: 200 Make Check Payable	FEE IS Pres Will Pro Cepa	150.00 be \$550.00	10. Electio Trust F	on Campaign Financing und Contribution.	7	.00 May Be led to Fees		
TITLE NAME STREET ADDRESS CITYST-ZIP	President Yoder, Gregor 1601 S Grove Eustis, FL	☐ Delete	12. TITLE NAME STREET AD CITY-ST-Z	DRESS YO	ADDITIONS/CHAPECRETARY/DODGE, Lor 501 S Groustis, F	i ve St.	AND DIRECTO	Addition 8		
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OF THE CORE	retrify that the information supplied with the on this report or supplemental report is a poration or the receiver or trustee empoy or on an attachment with an address, with the control of the control	vered to execute this report as the all other like empowered.	required by	Chapter 607	tion 119.07(3)(i), Flor ame legal effect as if Florida Statutes; and Der/Presi	that my name appear	certify that the t1 am an office rs in Block 11 c	information r or director or Block 12 if		
	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER OR	DIRECTOR	<u>1_10(</u>	ret\.reg[(dent 09/. Date	Daytime Phone #			