## P96000055600

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

R.A.

OCT 1 5 2010

TO:	Amendmen Division of	t Section Corporations				
SUBJI	ECT:	First Title of America	. Inc. dba A		Γitle	
DOCU	MENT NU	MBER:	P9600005	5600		
The en	closed States	nent of Change of Registered	Office/Agent a	and fee are sub	mitted for filing.	
Please	return all con	rrespondence concerning this	matter to the fo	ollowing:		
		Bru	ce Napolitan	0		
		Name	of Contact Pers	son	•	
			e Of America	a, Inc.		
		F	irm/Company		<del></del>	
		1540 Inter	national Pkw	ry #247	,	
			Address		•	
		-				
		Lake	Mary, FI 327 State and Zip Co	46		
		City/S	state and Zip Co	ode		
		janet@a	allfloridatitle.d	com		
E-mail address: (to be used for future annual report notification)						
For fu	rther informa	tion concerning this matter, p	olease call:			
		janet	at (	407	536-5365	
	Nan	ne of Contact Person	A	rea Code & Da	536-5365 Lytime Telephone Number	
Enclos	sed is a \$35.0	0 check made payable to the				
		Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		Clifton Buil	Corporations Iding tive Center Circle	

## 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: First Title of America, Inc.
2. The principal office address: 1540 International Pkwy #247 Lake Mary Fl 32746
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/01/1996 Document number: P96000055600
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)
Bruce Napolitano
105 Squirre Trai PS =
Longwood, FL 32779 EE E
6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):  3 ruce Napolitano
5tlet Factors Walk Dr.  P.O. Box NOT acceptable
Sanford FL 32771
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.
Mignature of an object of an ector March March Merident Merident
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.
10/07/2010
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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