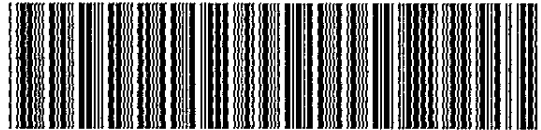


P9 7000007224



ONLINE TITLE SERVICES, INC.
P.O. Box 1685
132 10th Avenue North #102
Safety Harbor, Florida 34695



400062384694

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L.A. Charge

C. Coulliette JAN 05 2006

• 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: ON-LINE TITLE SERVICES, INC
2. The principal office address: 132 10th AVE No #102
SAFETY HARBOR, FL 34695
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/24/97 Document number: P97000007224

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

W. G. BOSTICK, JR
132 10th AV. No. #102
SAFETY HARBOR, FL 34695

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

CHERYL SLAUGHTER
132 10th AV. No. #102
SAFETY HARBOR, FL 34695
(P.O. Box NOT acceptable)

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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.

Cheryl Slaughter
(Signature of an officer or director)

CHERYL SLAUGHTER
(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.

Cheryl Slaughter
(Signature of Registered Agent)

12/28/05
(Date)

If signing on behalf of an entity:

(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 (8/05)