## P98000053293

(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	49
(Oil	.y/State/Zip/Filone	s #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
·	cument Number)	
(00	current Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Division of Corporations
SUBJECT: State wide Atle Corporation
DOCUMENT NUMBER: P98 0000 53 2 93
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:
BARTOD S. STROCK (Name of Contact Person)
Statewide title Corporation
4601 Sheridan St. #500 (Address)
HOLLYWOOD, PL 33021 (City/State and Zip Code)
For further information concerning this matter, please call:
Circle eth Souto at (954, 989-3030 (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: Stateuide Title Corporation
2. The principal office address: 4601 Sheridan St. #500 HOLLYWOOD, PL 33021
3. The mailing address (if different):
4. Date of incorporation/qualification: 06 15 1998 Document number: P98000053393
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
BARTON S. STROCK
BARTON S. STROCK 6600 Talt Street #4420
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box NOT acceptable)
/ HOWWOOD PR 3302/
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 Wand of Greector)  BACTON STRICK, Resident (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 domply 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.
/ ()M/ //8/06
(Significe 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 \* \* \*