## P99000043534

| (Re                     | equestor's Name)   |           |  |  |
|-------------------------|--------------------|-----------|--|--|
| (Ac                     | idress)            |           |  |  |
| (Ad                     | ldress)            |           |  |  |
|                         |                    |           |  |  |
| (Cit                    | ty/State/Zip/Phone | e #)      |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL      |  |  |
|                         | siness Entity Nan  | ne)       |  |  |
| (50                     | ismess Littly Nan  |           |  |  |
| (Document Number)       |                    |           |  |  |
| Certified Copies        | _ Certificates     | of Status |  |  |
| Special Instructions to | Filing Officer:    |           |  |  |
|                         |                    |           |  |  |
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May 7, 2007

FLORIDA SECRETARY OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: REAL ESTATE EXCHANGE SERVICES, INC.

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #13124 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x153 at 800-345-4647.

Thank you,

11/5#

Myra Simmons-Homer Registered Agent Services

**Enclosures** 

PO BOX 1831 AUSTIN, TX 78767

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| SUBJECT: REAL ESTATE EXCHANGE SEF   | RVICES, INC.  |  |  |  |  |  |
| DOCUMENT NUMBER: P99000042534   |   |  |  |  |  |  |
| 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:                     |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| Myra Homer  |   |  |  |  |  |  |
| (Name of Contact Person)  |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| Capitol Corporate Servic (Firm/Company)   | es, Inc.  |  |  |  |  |  |
| (a min company)   |   |  |  |  |  |  |
| 800 Brazos, Suite 4   | <b>P</b> on   |  |  |  |  |  |
| (Address)   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| Austin, Texas 787   | 01  |  |  |  |  |  |
| (City/State and Zip Code)   |   |  |  |  |  |  |
| For further information concerning this matter, please call:                                  |   |  |  |  |  |  |
| Myra Homer at (at (   | 800 ) 345-4647<br>urea Code & Daytime Telephone Number) |  |  |  |  |  |
| Enclosed is a \$35.00 check made payable to the Department of                                 | State.  |  |  |  |  |  |
| Mailing Address: Amendment Section  | Street Address:<br>Amendment Section                    |  |  |  |  |  |
| Division of Corporations  | Division of Corporations                                |  |  |  |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314  | Clifton Building 2661 Executive Center Circle           |  |  |  |  |  |
| randhassee, i'il J2J 14   | Tallahassee, FL 32301                                   |  |  |  |  |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha  | provisions of sections 607.0502, 617.0502,<br>inge is submitted for a corporation organiz<br>ir to change its registered office or register  | ed under the l   | aws of the State of  | Florida  |     |
|---|--|--|--|--|-----|
|   |  | _  | HANGE SERV   |  |     |
| 2. The principal  | office address: 802 2nd St., N. Ste. A, Sa   |  |  |  |     |
| 3. The mailing a  | ddress (if different):   |  |  |  |     |
| 4. Date of incorp   | poration/qualification: 5/11/1999  | Document   | number; <u>P99000</u>  | 042534   |     |
|   | I street address of the current registered age tment of State:   | ent and register   | red office on file wi  | ith the  |     |
|   | Marga Shefman  |  |  | _  |     |
|   | 212 N Bay Hills Blvd   |  |  | _  |     |
|   | Safety Harbor, FL 34695  |  |  | _  |     |
| 6. The name and (if changed):   | street address of the new registered agent (   | (if changed) ar  | nd /or registered off<br>:   | Fice SEC   | ľ   |
|   | Capitol Corporate Services, Inc.   |  |  | 是一   |     |
|   | 155 Office Plaza Drive, Suite A (P.O. Box NOT acceptable)  |  |  | SSE P  | M   |
|   | Tallahassee  | Florida  | 32301  | E.F.S  |     |
| The street addre<br>as changed will   | ss of its registered office and the street ad<br>be identical.   |  |  | ts registered agent,   |     |
| Such change wa<br>authorized by th  | s authorized by resolution duly adopted be board, or the corporation has been notif  | y its board of<br>fied in writing  | directors or by an of the change.  | officer so   |     |
| (Signatur   | re of an officer or director)  | David F  | ield, Presi  | dent   |     |
| I hereby accept<br>I further agree to<br>of my duties, and<br>document is bein<br>corporation has | the appointment as registered agent and c<br>o comply with the provisions of all statute<br>d I am familiar with and accept the oblige<br>ng filed merely to reflect a change in the i<br>been notified in writing of this change. | agree to act in<br>es relative to t<br>ation of my po<br>registered offi | n this capacity.<br>the proper and con<br>sition as registere<br>ce address, I herel | plete performance<br>d agent. Or, if this<br>by confirm that the | 3 5 |
| Duan  | in Case, asst sec  |  | 5-7-07<br>(Date)   | <u> </u>   |     |
| . •   | half of an entity:   |  | (Date)   |  |     |
| Delanie Case. Asst  | . Secretary on Behalf of Capitol Comprate Services   | s. Inc.  |  |  |     |

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 \* \* \*

(Typed or Printed Name)