

P99000061473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

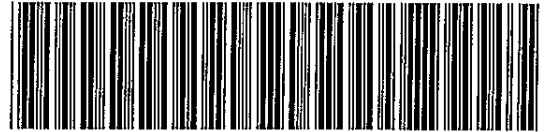
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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yfm  
9/15/03



# DOLPHIN LAND TITLE, INC.

(850) 654-6064

Fax: (850) 654-0704

Cell: (850) 585-6772

155 Crystal Beach Drive, Suite 100

Destin, Florida 32541

Department of State  
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

August 25, 2003

Enclosed please find

1. Transmittal letter for amendment
2. Articles of Amendment
3. Statement of Change of registered agent
4. Fees – Filing of Articles \$35.00
  - Certified Copy 8.75
  - Certificate of Status 8.75
  - Change of registered agent 35.00

Total Enclosed **\$87.50**

Please forward all documents as outlined in the transmittal letter

Thank You

Stephanie R Schroeder  
President

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dolphin Land Title

(Name of corporation)

**DOCUMENT NUMBER:** P99000061473

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:

Jerry Menze

(Name of person)

Abusiness Services Corporation

(Name of firm/company)

155 Crystal Beach Dr Suite 226

(Address)

Destin, FL 32541

(City/state and zip code)

For further information concerning this matter, please call:

Jerry menze

at ( 850 ) 837-0718

(Name of person)

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: Dolphin land Title, Inc
2. The principal office address: 155 Crystal Beach Drive Suite 100  
Destin, FL 32541
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/1/1999 Document number: P99000061473

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

Alan F Larson

155 Crystal Beach Drive Suite 100

Destin, FL 32541

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

Stephanie R. Schroeder

155 Crystal Beach Dr., Ste. 100

(P.O. Box or personal mailbox NOT acceptable)

Destin, FL 32541

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.

Harroll Castle  
(Signature of an officer, chairman or vice chairman of the board)

Harroll Castle - Chairman

(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.*

Stephanie R. Schroeder  
(Signature of Registered Agent)

August 22, 2003

(Date)

If signing on behalf of an entity:

Stephanie R. Schroeder

President

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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