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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (850)222~1092

Fax Number

; (850)878-5368

teEnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

terri, denoncourt & ocusen, com

## REGISTERED AGENT CHANGE PREMIUM TITLE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of chi	ange is submitted for a co	rporatiun organiza	607.1508, or 617.1508, Flo ed under the laws of the Stat	te of Florida
			ed agent, or both, in the Stat	e of Florida.
1. The name of	the corporation: PREMIU	M TITLE SERVIC	ES, INC.	
2. The principal	office address: 1661 WO	RTHINGTON RO	AD, STE 100 WEST PALM	3EACH FL 33409
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	9/28/1999	Document number:	P99000086093
	d street address of the current of State: (If resigna		nt and registered office on fi	le with the
	CORPORATION SERVE	ICE COMPANY		_
	1201 HAYS STREET			
	TALLAHASSEE FL 323	01-2525 US		<del>_</del> _
6. The name and (if changed):	I street address of the new	/ registered agent (	if changed) and /or registere	d office
•	C T Corporation System	<u> </u>		
	c/o C T Corporation Syste	am, 1200 South Pin	e Island Road	
		P.O. Box NOT a	poptable	
	Plantation, Florida 33324	·		<del></del>
The street address changed will	ess of its registered office be identical.	e and the street ad	dress of the business office	of its registered agent,
Such change wa authorized by the	as authorized by resolutine board, or the corporat	on duly adopted b ion has been notif	y its board of directors or lied in writing of the chang	by an officer so . e.
			Douglas A. Park	• • • • • •
	to ill an officer or director		Printed or typed name	-
I hereby accept I further agree to of my duties, an acquirent is bei corporation has	the appointment as region to comply with the providation of the providation with and the filed merely to reflect to refle	stered agent and a sions of all statute i accept the obliga t a change in the r Nof this change.	nyree 10 act in this capacity is relative to the proper an ation of my position as regi registered office address, I	, il complete performance stered agent. Or, if this hereby confirm thut the
By: Ma	- who	plean	March 13,	2010
Sig	nuture of Registered Agent		Date	
	half of an entity:		)	
SM	Idonna Cuddihy		<del></del>	
- Opecial	Assistant-Secreta	IIV		

\* \* \* 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 (\$705)