I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: MITZI GONZALEZ

Electronic Signature of Signing Officer/Director Detail

<u>2017</u>	<b>FLORIDA</b>	PROFIT CC	<b>RPORATION</b>	I ANNUAL	<u>REPORT</u>

DOCUMENT# L70540

Entity Name: A-1 TITLE SUPPORT SERVICES, INC.

## **Current Principal Place of Business:**

4805 NW 79 AVE SUITE #16 DORAL, FL 33166

## **Current Mailing Address:**

P.O. BOX 55-7097 MIAMI, FL 33255-7097

## FEI Number: 65-0239986

## Name and Address of Current Registered Agent:

GONZALEZ, MITZI I 4805 NW 79 AVE SUITE #16 DORAL, FL 33166 US FILED Jan 23, 2017 Secretary of State CC6411410978

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	MITZI GONZALEZ			01/23/2017	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT, DIRECTOR	Title	VP, TREASURER, SECRETARY	Y	
Name	GONZALEZ, MITZI I	Name	GONZALEZ, CATALINA L		
Address	4805 NW 79 AVE SUITE #16	Address	4805 NW 79 AVE SUITE #16		
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166		

01/23/2017 Date