

Division of Corporations Public Access System Katherine Harris, Secretary of State

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LIMITED PARTNERSHIP AMENDMENT

STATE TITLE ASSOCIATES, LLLP

Certificate of Status	1
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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

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1.	The name of the limited partnership as identified in the records of the Florida Department of State: State Title Associates, LLLP
In: or	sert limited partnership's Florida document number: $A00 - 175$
	tach certificate of limited partnership, affidavit of capital contributions and applicable limited rtnership filing fees.
2.	Suffix adopted for the above named partnership:
3.	The street address of its chief executive office:
4.	The street address of principal office in Florida:
5.	The limited partnership hereby elects to be a limited liability limited partnership.
6.	The effective date of this filing shall be: <u>X</u> as of the date this document is filed with the Florida Secretary of State or <u>a</u> date later than the time of filing:
7.	The name and Florida street address of the partnership's agent for service of process: Thomas M. Stallard
	300 W. Fee Avenue Melbourne , Florida 32901
Tł th	the execution of this statement as a partner constitutes an affirmation under the penalties of perjury at the facts stated herein are true.
Si	gned this 8th day of Nevember 2000
Si	gnature of TWO Partners:
Т	ped or printed names of partners signing above: by Thomas Mestallard, President

Filing Fee: \$25.00 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

Thomas M. Stallard

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