

AC 10000000382

Kimberly Turner
1270 W. Wickham Rd
Melbourne FL 32935

100006283791--8
-07/10/02--01012--003
*****86.25 *****33.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. QUALITY TITLE OF FLORIDA
(Corporation Name) (Document #)
2. LIMITED, C.L.P.
(Corporation Name) (Document #)
3. NO 1-382
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

W7/11

02 JUL 10 PM 12:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. QUALITY TITLE OF FLORIDA LIMITED, L.L.P.
Name of the limited partnership
2. 3/15/2001 3. A01000000382
Date of filing/registration in Florida Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
- JOHN KANCILIA
Name
1800 West Hibiscus Blvd. #138
Address
Melbourne, FL 32901
City, State and Zip
5. The name and address of the new registered agent and/or office:
- KIMBERLY TURNER
Name
1270 N. Wickham Rd. #8
Florida street address (P.O. Box **not** acceptable)
Melbourne, FL FL32935
City, State and Zip
6. Such change(s) was/were authorized by the general partners.


Signature of General Partner

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 obligations 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 limited partnership has been notified in writing of this change.


Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL 10 PM 12:00