

A01000000739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

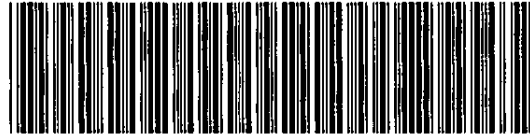
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SECRETARY OF STATE
DIVISION OF CORPORATION
12 SEP 13 PM 3:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Affiliated Title of Tampa Bay, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A01000000739

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Leonard Vandermast

Contact Person

Affiliated Title of Tampa Bay, LLLP

Firm/Company

429 Apollo Beach Blvd.

Address

Apollo Beach, FL 33572

City, State and Zip Code

lvandermast@ussa1.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonard Vandermast

Name of Contact Person

at (813)

645-4588

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 13 PM 3:07

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

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DIVISION OF CORPORATIONS
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1. Affiliated Title of Tampa Bay, LLLP.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/23/2001 3. A01000000739
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: _____

Leonard Vandermast III
Name
6213 MARbella Blvd.
Address
Apollo Beach, Fl 33572
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Affiliated Title of Tampa Bay, LLLP
Name
429 Apollo Beach Blvd
Florida street address (P.O. Box not acceptable)
Apollo Beach FL 33572
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Leonard Vandermast III
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 an accept the obligations of my position as registered agent.

Leonard Vandermast III
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50