

AD10000001016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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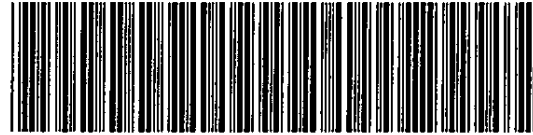
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** Stewart Acquire Land Title, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A01000001016

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:

Kurt Blass

(Contact Person)

Stewart Title Guaranty

(Firm/Company)

3401 West Cypress Street

(Address)

Tampa, FL 33607

(City, State and Zip Code)

For further information concerning this matter, please call:

Kurt Blass

(Name of Contact Person)

at ( 813 ) 876-0619 ex 246

(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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**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.

1. Stewart Acquire Land Title, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. July 16, 2001

Date of filing/registration in Florida

3. A01000001016

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:

Harroll Castle

Name

155 Crystal Beach Drive Suite 131

Address

Destin, FL 32541

City, State and Zip

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

Harold Hickman

Name

3401 West Cypress Street

Florida street address (P.O. Box not acceptable)

Tampa, FL

FL 33607

City, State and Zip

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

Harroll Castle  
Signature of General Partner

as Chairman

*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.*

[Signature]  
Signature of Registered Agent

**Filing Fee:**

**\$35.00**

**Certified Copy (optional): \$52.50**

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