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Division of Corporations
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DIVISION OF CORPORATIONS

A05-691

REGISTERED AGENT CHANGE

GULF ATLANTIC TITLE GROUP, LLLP

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glanda B. Hood
Secretary of State

July 8, 2005

GULF ATLANTIC TITLE GROUP, LLLP
6175 N.W. 153 STREET, #100
MIAMI LAKES, FL 33014

SUBJECT: GULF ATLANTIC TITLE GROUP, LLLP
REF: A05000000691

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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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. Gulf Atlantic Title Group, LLLP

Name of the limited partnership

2. April 8, 2005

Date of filing/registration in Florida

3. A05000000691

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:

Marten Rodriguez

Name

6175 NW 153 Street #100

Address

Miami Lakes, Florida 33014

City, State and Zip

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

Yoily Amador

Name

5590 West 20th Avenue, Suite 304

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

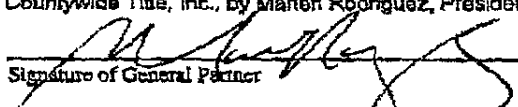
Hialeah

FL 33015

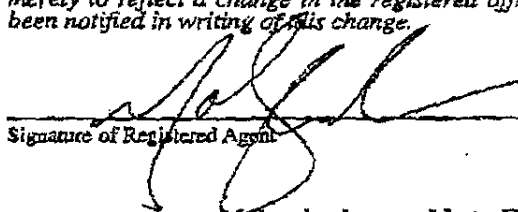
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Countywide Title, Inc., by Marten Rodriguez, President


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

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