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DOCUMENT # L00000003175									•			ú.	
ALLIANCE TITLE OF, BREVARD, L.L.C.								[F	FILED				₹
		1			شريب وه	, p	4	- 	16/20 PH 12: 17	, .			
Principal Plac	e of Business	3	Mai	ling Address				l .					
201 RIVERSID INDIALANTIC			_	RIVERSIDE DRIVE			( 1	SECRE	TARY OF STATE IASSEE, FLORIDA			(	
INDIALANTIC	rL 32303		INU	IADANTIC PL 32303			,	MÜÜMI		II SAID BEJI SS	188 11101 21011 2	882    881	
<b>6</b> 5	N		1.5.1										
2. Principal Place of Business		] 3. M	3. Mailing Address			<b>'</b>	\$PB(\$\$11 E11 BE111 \$011) PB(\$1 D\$1	II <b>36</b> 111 08111 061	DE (114) 11514 1	•••			
Suite, Apt: #; ete:		S	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & Stat	te		C	City & State			4. FEL N	lumber	(===	Ar	oplied For	]	
Zip	·	Country	Zi	<u>.                                      </u>	Coun	trv			7-36324	4	No. 5.00 Add	ot Applicable	-
	<u></u>	Ú.S	.]						ficate of Status Desired		ee Require		
<del></del>	6. Name	and Address of Current	Registe	ered Agent		Name		7. Name	e and Address of New R	egistered A	gent	<del> </del>	1
BEALS, ROBERT L						Street Ad	Idress (F	P.O. Box N	lumber is Not Acceptable	)			$\mid$
201 RIVERSIDE DRIVE					<del></del>				<u></u>		· · · · · · · · · · · · · · · · · · ·	┨	
INDIALAN	TIC FL 3290	<b>)3</b>				City					Zip Code	<u> </u>	-
										<u>FL</u>		<del></del> _	1
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.													
SIGNATURE .	Signature, typed o	or printed name of registered agent	and title if a	policable. (NOTE:	Registere	d Agent signatur	re recuired	when reinstati	na)	DATE			
				<u>, , , , , , , , , , , , , , , , , , , </u>				<u></u>		<del> '.</del> .			
	,	1		Make Check Pay		FEE IS \$! o Departn		f State					
9.		MANAGING MEMB	EBS/MI	MRERS	10.		نه پېښتند د		ADDITIONS/	CHANGES			-
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NAME STREET ADDRESS	MAN	AGING MEA	nBE	R	NAM	E Et address							3
CITY-ST-ZIP	SS 201 N. RIVERSIDE DE SUITE C INDIALANTIC, FL 32903					-ST-ZIP							E08
TITLE	D:RECTOR Delete				TITLE						☐ Change	Addition	18
NAME STREET ADDRESS	Type Coly Miles Property				NAM! STRE	ET ADDRESS			200004				ŀ
CITY-ST-ZIP	INDIA LAUTE FL 32903					-ST-ZIP			300004 -06/0				│ <b>┤</b> ॓ .
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CITY-ST-ZIP		LANTIC, FL			1	-ST-ZIP							
11. I hereby o	certify that the	information supplied with	this filin	g does not qualify for t	he exer	nption state	ed in Sec	ction 119.0	07(3)(i), Florida Statutes. I	further certif	y that the ir	nformation	1

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jata