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(Business Entity Name)					
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PARTICINATE CORPORATIONS

PARTICINATE CORPORATIONS

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations		
SUBJECT: B & L Title Services, LLC (Name of	C	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Kurt Blass		2100
(Name of Person)		DEC TI
Stewart Title Guaranty Company (Firm/Company)	HASSEF	PILLE PH 4: 11
3401 West Cypress, Suite 202	FLOR	ORALI ORALI
(Address)		E S
Tampa, Florida 33607		
(City/State and Zip Code)		
For further information concerning this matt	tter, please call:	
Kurt Blass	at (813 ) 876-0619	
(Name of Person)	(Area Code & Daytime Telephone	Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

,			
1. The name of the limit	ed liability company is:	B & L Title Services, LLC	· · · · · · · · · · · · · · · · · · ·
2. The mailing address of	of the limited liability cor	npany is : 1230 Hampton Stre	eet, Clermont,
Florida 34711	•		
			· · · · · · · · · · · · · · · · ·
04/19/2000		L0000004560_	
<ol><li>Date of filing/registra</li></ol>	tion in Florida	4. Document numb	er
5. The name of the regist Florida Department of	ered agent and the regist State:	ered office address as shown on	the records of the
•	Richard H. Langle	у	
		Name	- ·
	700 Almond Street		
		Address	- PE 50
	Clermont, Florida 34	H/11 State and Zip	一层的工
6 TT1 1 1 1 1	• •	•	22 L
6. The name and address	of the new registered age	ent and/or office:	FILED 2005 DEC 22 PM 4:11  200
	Harold Hickman		TOP
		ame	第二
	3401 West Cypress,	Suite 202	<u> </u>
	Florida street address	(P.O. Box NOT acceptable)	T
	Tampa	FL 33607	
	City, Sta	ate and Zip	
confirmed that after the cand the business office of liability company, it is he of the members of the line or the operating agreeme (Signature of a member or author)  (Printed or typed name of signee)	change or changes are many of the registered agent will be be confirmed that the content of the limited liability company of the limited liability rized representative of a member.	nder the laws of the State of Flode, the Florida street address of the identical. Or, in the case of change(s) was/were authorized for as otherwise provided in the acompany.  The proper and complete performs position as registered age to merely reflect a change in company has been notified in we	the registered office a Florida limited by an affirmative vote rticles of organization
(Signature of Registered Agent)		<del></del>	•

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

FILING FEE: \$25.00