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SECRETARY OF STATE STORE SECRETARY OF CORPORATIONS

Office Use Only





July 20, 2005

Amendment Section Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

Fidelity Service, LLC

Document No. L01000020428

To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Office/Agent for filing with your office, along with our check in the amount of \$25.

If you require further information, kindly contact the undersigned at:

BankAtlantic 2100 West Cypress Creek Road Fort Lauderdale, FL 33309

Phone: 954-940-6398

Thank you for your attention to this matter.

Very truly yours,

Janet Quinn

*Paralegal

/jlq Enclosures

7 days a week.

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 limite	ed liability company is:	Fidelity Ser	vice, LLC			
2. The mailing address of				ress Creek Ro	oad	
Fort Lauderdale, FL 3						
11/28/01	, , ,		L0100002042	18		
3. Date of filing/registrat	ion in Florida	$\overline{4}$.	Document nu	mber		**
5. The name of the register Florida Department of		Name	dress as shown	on the records	of the	
	Fort Lauderdale, FL	Address 33309 State and Zip				9
6. The name and address of the new registered agent and/or office:			ان <u>س</u> خ)SEC		
	James A. White				05 JUL 26	SE SE
	2100 West Cypress	lame Creek Road		-	79	RY OF STATE CORPORATIONS
	Florida street address	(P.O. Box NC	T acceptable)		÷: 0	STAT
	Fort Lauderdale,	FL 33309			2	ENS
	City, St	tate and Zip				
If the limited liability comconfirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of (Signature of a member or authority).	lange or changes are mathe registered agent will eby confirmed that the Hiability company or a filhe limited liability co	ade, the Florida I be identical, change(s) was, s otherwise pro mpany.	a street address Or in the case	of the registere	ed offic	
James A. White, Mana	ger					
(Printed or typed name of signee)			·			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608 F.S. Or, Whaddress, I hareby confirm (Signature of legistered Agent)	ntment as registered ages of all statutes relative faccept the obligations of accument is being fill that the limited liability	ent and agree to the proper of	to act in this ca and complete p a as registered reflect a change been notified in	spacity. I furth erformance of agent as provic in the register n writing of thi	er agre my dut led for ed offi s chang	re to ies, in ce ze.
(D.B.Minto or Anglistone C. Barri)						

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

INHS18(10/99)

FILING FEE: \$25.00