## L01000021626

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP		MAIL		
(Bu	siness Entity Name	)		
(Dc	cument Number)	<u></u>		
Certified Copies	_ Certificates o	f Status		
Special Instructions to Filing Officer:				
<u> </u>	Office Use Only			
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## **CT** CORPORATION

March 5, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re:	Order #: 5796223 SO	-
	Customer Reference 1:	
	Customer Reference 2:	-

Dear Secretary of State, Florida: Please file the attached: Universal Land Title Investment #3, L.L.C. (FL) Change of Agent Florida Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.



If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Brigham Weir Fulfillment Specialist Brigham\_Weir@cch-lis.com

660 East Jefferson Street Tallahassee, FL32301 Tel, 850 222 1092 Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

## 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 limited liability company is: Universal Land Title Investment #3, L.L.C.	
2. The mailing address of the limited liability company is :	-
1555 Palm Beach Lakes Blvd., Ste 1000, West Palm Beach, FL 33401	~
12/11/01 L01000021626	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	
UNIVERSAL LAND TITLE COMPANY, INC.	
Name	
1555 Palm Beach Lakes Blvd., Ste 1000	
Address	
West Palm Beach, FL 33401	
City, State and Zip	
6. The name and address of the new registered agent and/or office:	
C T Corporation System	
Name	
1200 South Pine Island Road	
1200 South Pine Island Road   1200 South Pine Island Road   1200 South Pine Island Road     Florida street address (P.O. Box NOT acceptable)   Image: Street address (P.O. Box NOT acceptable)   Image: Street address (P.O. Box NOT acceptable)	
City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.	
XIIIMINA	
(Signature of a member or authorized representative of a member)	
Heather Lydic Secretary (Printed or typed name of signee)	
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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. C T Corporation System (Signature of Registered Agent) Gignature of Registered Agent	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	
INHSI8(10/99) FILING FEE: \$25.00	

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