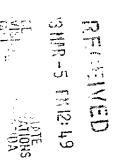
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| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------|
| (Ad | ddress) | |
| (Ad | ddress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (B) | usiness Entity Nam | e) |
| (De | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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CORETARY OF STATE

FILED 03 MAR -5 PM 2: 05

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:

Prestige Abstract & Title, 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, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 03 MAR -5 PM 2: 05

Page 1 of 1

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 | ted liability compa | ny is: Prestige Abs | tract & Title, L.L.C. | | |
| 2. The mailing address of | of the limited liabi | lity company is: | | | |
| 1555 Palm Beach Lakes Blv | d., Ste 1000, West Pa | ılm Beach FI 33401 | | | |
| 1000 1 00111 2 00111 2 10110 221 | <u>, 1000, 1100014</u> | Mi Bouon, 1 2 33 101 | | | • |
| 02/05/02 | | <u></u> | L02000003182 | | |
| 3. Date of filing/registra | tion in Florida | | 4. Document num | iber | |
| 5. The name of the regist Florida Department of | | e registered office | address as shown o | n the records of the | he |
| - r | | ND TITLE COMPAN | Y, INC. | | |
| | | Name | | 5. | |
| | 1555 Palm Beach L | akes Blvd., Ste 1000 | | E | ಹ |
| | | Address | | AAR HE | MAR |
| | West Palm Beach, l | | | ASS. | -5 ==================================== |
| | | City, State and Zi | p | SEE C | 777 |
| 6. The name and address | of the new registe | ered agent and/or o | office: | OF STATE E. FLORIDA | :D PM 2: 05 |
| | CT Comparation Su | atom. | | FOF FOF | 2:- |
| | C T Corporation Sys | Name | | 6 7 | 25 |
| | 1200 South Pine Isla | | | B | |
| | Florida street ac | ddress (P.O. Box | NOT acceptable) | | |
| | Plantation | TEX 22274 | | | |
| | | FL 33324 City, State and Zip | | | |
| | | • | | | |
| If the limited liability corconfirmed that after the cand the business office or liability company, it is he the members of the limite the operating agreement | change or changes of the registered age creby confirmed the ed liability compared the limited liability compared to the liabili | are made, the Florent will be identicated the change(s) was otherwise ility company. | ida street address o | of the registered of | ffice |
| (Signature of a member or author | rized representative of a | member) | | | |
| Heather Lydic Secreta (Printed or typed name of signee | | | | | |
| I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm C T Corporation System | ns of all statutes re nd accept the oblig this document is b n that the limited li | elative to the prop | er and complete per | rformance of my c gent as provided ; in the registered of Writing of this ch | duties |

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

INHS18(10/99) **FILING FEE: \$25.00**

(Signature of Registered Agent)