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SECTION OF STATE
ALLAHASSEE, FLORIDA

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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	y is: GroupWest Title	1, LLC		
2. The mailing address of the limited liability				
	1009 North O'Br	ien Street, Tan	1pa, FL 30	3607
02/22/2002	L020	00004402		
3. Date of filing/registration in Florida	4. Doc	ument number		
5. The name of the registered agent and the Florida Department of State:	registered office address : Salyn S. Johnson	as shown on the	records of t	the
1009	Name North O'Brien Street			
	Address ampa, FL 33607 City, State and Zip			
6. The name and address of the new register	ed agent and/or office:		٠	
Ja	mes E. Donaldson	<u> </u>	.⊋co	2
1009	Name North O'Brien Street			0; MON 1:0 1][-1
Florida street ad	dress (P.O. Box NOT ac	ceptable)	HSS AF AL	
Tam	pa, _{FL} 33607		<u> </u>	골 🖽
	ty, State and Zip			••
If the limited liability company is not organic confirmed that after the change or changes a and the business office of the registered ager liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability.	nt will be identical. Or i	nithe case of a Fi	lorida limit	ed
(Signature of a member or pathorized representative of a r	nember)			
Galyn S. Johnson (Printed or typed name of signee)	<u> </u>			
I hereby accept the appointment as register comply with the provisions of all statutes reand I am familiar with and accept the oblige Chapter 508, F.S. Or, if this document is be address, I hereby confirm that the limited lie		t in this capacity complete perform egistered agent t a change in the notified in writi	t. I further to lance of my as provided to registered ing of this c	agree to duties, l for in l office hange.
(Signature of Registered Agent)		1		
Division of Corporation	s, P.O. Box 6327, Tallal	assee, FL 3231	4	

FILING FEE: \$25.00

INHS18(10/99)