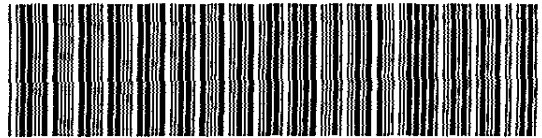


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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



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12/08/09--01077--013 \*\*25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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**First American Title Insurance Company**

2075 CENTRE POINTE BOULEVARD • TALLAHASSEE, FLORIDA 32308  
(850) 402-4101 • (800) 929-7186 • FAX (850) 402-1502

STATE  
TALLAHASSEE, FLORIDA

JOHN T. LAJOIE  
Vice President  
Regional Counsel

December 3, 2003

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

**RE: Title Partners of Hillsborough County, LLC**

Dear Sir or Madam:

Please find enclosed a completed Statement of Change of Registered Office or Registered Agent for the above referenced Limited Liability Company. Also enclosed is our check in the amount of \$25.00 for the filing fee.

If you need anything else or have any questions please contact me.

Sincerely,

  
Lee Ann Henning

Legal Assistant

/lh

Enclosure

**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: Title Partners of Hillsborough County, LL
2. The mailing address of the limited liability company is : 7360 Bryan Dairy Rd.  
Ste. 200 Largo FL 33777

3. Date of filing/registration in Florida 4-29-02 4. Document number LB2000010734

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Douglas Bartle  
Name  
7360 Bryan Dairy Rd. Ste. 200  
Address  
Largo FL 33777  
City, State and Zip

6. The name and address of the new registered agent and/or office:

John T. LaJoie  
Name  
2075 Centre Pointe Blvd.  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32308  
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.

[Signature]  
(Signature of a member or authorized representative of a member)

Michael Conway  
(Printed or typed name of signer)

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.

[Signature]  
(Signature of Registered Agent)

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