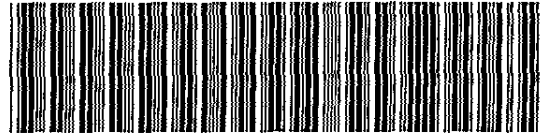


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STATE
TALLAHASSEE, FLORIDA



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AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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

JOHN T. LAJOIE
Vice President
Regional Counsel

FILED

03 DEC -8 AM 10: 21

CLERK OF STATE
TALLAHASSEE, FLORIDA

December 3, 2003

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


RE: First Title Partners, 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: First Title Partners, LLC
2. The mailing address of the limited liability company is: 7360 Aryan Dairy Rd
Ste 200 Largo FL 33777

3. Date of filing/registration in Florida 9-23-02
4. Document number LO2000024895

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. LaJole
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 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.

[Signature]
(Signature of Registered Agent)

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

FILED
03 DEC -8 AM 10:25
TALLAHASSEE, FL 32309