

LO2000028689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

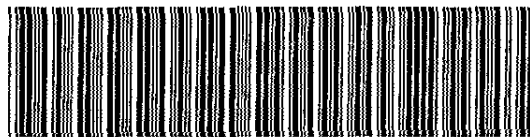
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

01/27 R/A Change

LO2-28689

Office Use Only



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FILING OFFICE
MONTANA

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

January 23, 2004

Florida Department of State
Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

VIA OVERNIGHT MAIL


**RE: Security First Title partners of Kissimmee, LLC
FEIN #: 06-1653680**

Dear Sir or Madam:

Please find enclosed a Limited Liability Company Reinstatement Form and Statement of Change of Registered Office or Registered Agent Form for the above referenced LLC. Also included are two checks for the required filing fees. Please process these applications and forward the certificate of status to me at the address show above.

If you have any questions, or need any further information, please contact me.

Very truly yours,


Lee Ann Henning
Legal Assistant
/lh
Enclosures

**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: Security First Title Partners of Kissimmee, LLC
2. The mailing address of the limited liability company is : 2075 Centre Pointe Boulevard
Tallahassee, FL 32308

- 10/28/2003 L02000028689
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:

Douglas Bartle
Name
7360 Bryan Dairy Road, Suite 200
Address
Largo, FL 33777
City, State and Zip

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

Ryan O. Garrity
Name
2075 Centre Point Boulevard
Florida street address (P.O. Box NOT acceptable)
Tallahassee, FL 32308
City, State and Zip

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SEC. OF STATE
TALLAHASSEE, FLORIDA

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)

Frank D. Camperlengo

(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