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	(Requesto	or's Name)		
	(Address)			
	(Address)			
	(City/State	e/Zip/Phone	#)	
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FILED 1005 JUN -7 P 2: 36 SECRETARSEE, FLORIER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BUTH 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	l liability company is:	Premier 1	Land Title LLC			
2. The mailing address of	the limited liability cos	mnony is :	3350 Woods Edge	Circle,	Suite 1	103
		mpany is	<u>~</u>			·
Bonita Springs, FL 341	34					
6/1/05			L02000028956			
3. Date of filing/registration		4. Document numb	er			
5. The name of the register Florida Department of S	tate:		address as shown on	the recor	rds of t	he
-	Mcardle, Michael W					
	9553 Campbell Circ	Name le				
		Address				
	Naples, FL 34109	 	,,			
	-	State and Z				
6. The name and address of	f the new registered ag	ent and/or	office:			
	Mcardle, Michael W	., Esq.	·			
	3350 Woods Edge	lame Circle, Suit	te 103			
-	Florida street address	(P.O. Box	NOT acceptable)			
	Bonita Springs	FL 341	34			
	City, S	tate and Zip	9	- 4 .		
If the limited liability come confirmed that after the chand the business office of liability company, it is here the members of the limited the operating agreement of the operating agreement of the control of the limited that the limited liability company is a limited that the limit	ange or changes are mathe registered agent will be confirmed that the chability company or a the limited liability co	ade, the Flo Il be identic change(s) vas otherwise ompany.	orida street address of cal. Or, in the case of was/were authorized	the regis a Florid ovad affi	tered comite irmativ	etifce evote of
Conrad Jakubowski (Printed or typed name of signee)	: <u></u>	- 			, AF	
· · · · · · · · · · · · · · · · · · ·	ntmant as vacistavad ec	rant and an	ree to get in this con-	acity If	irthor .	agree to
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ument as registered as s of all statutes relative d accept the obligation his document is being f that the limited liability	to the prop s of my posi iled to mere y company	per to yet in this cape per and complete per ition as registered ag ely reflect a change it has been notified in v	formance ent as pro the regi vriting of	of my ovided stered this cl	duties, for in office hänge.

(Signature of Registered Agent)

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

FILING FEE: \$25.00