L02000032367

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(Business Entity Name)	I
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	ł
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Office Use Only	1



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12/15/04-01002-008 **250.00 ...

CT Corporation System	660 E. Jefferson St., Tallahassee, I	FL, 32301 850-222-1092
Florida Title Consultants, LLC		
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<u> </u>		
() Profit	() Amendment	() Merger
() Nonprofit () Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership	() Annual Report	() Other
() LLC	() Name Registration	Change of RA
	() Fictitious Name	Oucc
() Certified Copy	() Photocopies	() CUS
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out		
Name	12/14/2004	Order#: 6244755
Availability	. •	
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Updater ____

Verifier _____ W.P. Verifier

Amount: \$

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	ty company is: Florida T	itle Consultants, LLC	
2. The mailing address of the lim	ited liability company is	: 700 NW 107 Avenue	5 2= 400
Miami, FL 33172			
13/02/2002		L02000032367	
12/03/2002 3. Date of filing/registration in Fl	orida	4. Document num	nher
5. The name of the registered ager Florida Department of State:			
Benjam	in P. Butterfield, Esq.		- · ·
	Name		
700 NW	107th Avenue, Suite 400 Address		·
Miami,	FL 33172		
	City, State and	Zip	70 0
6. The name and address of the ne	w registered agent and/o	or office:	TALLAHASSEE FLORIG
C T Cor	poration System		75 F
	Name		
	th Pine Island Road		17 A B
Florid	a street address (P.O. Bo	ox NOT acceptable)	LORIE LORIE
Plantation	on F <u>L</u> 333	24	2
· · · · ·	City, State and 2	Zip	
If the limited liability company is confirmed that after the change or and the business office of the regi liability company, it is hereby con the members of the limited liability the operating agreement of the limited liability.	changes are made the F	llorida street address .	of the registered office
(Signature of a member or authorized repres	entative of a member)		
Enclio Fernan UZ (Printed or typed name of signee)		•	
		·	·
I hereby accept the appointment of comply with the provisions of all sand I am familiar with and accept Chapter 608, F.S. Or, if this docu address, I hereby confirm that the CT Corporation System	as registered agent and a statutes relative to the pit the obligations of my parties to be included in the limited liability comparate.	agree to act in this ca roper and complete position as registered a erely reflect a change by has been notified in NNIE BRYAN	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change.
Division of Co	rporations, P.O. Box 63	327, Tallahassee, FL	32314

FILING FEE: \$25.00

INHS18(10/99)