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SECRETALL OF STATE
TALLAHASSEE, FLORIDA

APPHOVED

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: FOUNTAINHEAD TITLE OF F	FLORIDA, LLC ited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
LESLIE JOHN WILLIAMS	
(Name of Person)	
BOULAND & BRUSH, LLC	
(Firm/Company)	
201 NORTH CHARLES STREET, SUITE	2400
(Address)	
BALTIMORE, MD 21201	
(City/State and Zip Code)	
For further information concerning this matter,	please cail:
LESLIE JOHN WILLIAMS a	t (410) 752-6000
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (8/05)

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 limit	ted liability compar	ny is: FOUNTAINH	EAD TITLE OF FLORIDA, LLC		
2. The mailing address of	of the limited liabil	lity company is: 2	26606 MAGNOLIA BOULEVA	RD	
LUTZ, FLORIDA, 33549		.			
MAY 8, 2003			L03000016567		
3. Date of filing/registra	tion in Florida	_	4. Document number		
5. The name of the regis Florida Department of	tered agent and the f State:	registered office	address as shown on the rec	ords of th	ne
•	LOIS K. HOWA	ARD			
		Name			
	15310 AMBERL	Y DRIVE			
		Address			
	TAMPA, FLORII	DA 33647			
		City, State and Zi	p .		
6. The name and address	of the new registe	red agent and/or o	office:		
	M. BLAKE PAR				
	26606 MAGNOL	Name JA BOULEVARD			
	Florida street ac	ddress (P.O. Box I	NOT acceptable)		
	LUTZ	FL 3354	9		
	C	ity, State and Zip			
confirmed that after the cand the business office of liability company, it is h	change or changes of the registered age ereby confirmed th mited liability com	are made, the Florent will be identicated the change(s) was otherword as otherward are made.	ws of the State of Florida, it rida street address of the reg al. Or, in the case of a Flor was/were authorized by an a vise provided in the articles	gistered o: ida limite iffirmative	ffice d e vote
A		1			
(Signature of a member or author	orized representative of a	(member)			
H. DEAN BOULAND, AU		ESENTATIVE OF	MEMBER		
(Printed or typed name of signer	•				
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confin		red agent and agr elative to the prop atlons of my posi eing filed to mere iability company h	ree to act in this capacity. I er and complete performan tion as registered agent as t ly reflect a change in the re has been notified in writing	further a ce of my d provided j gistered c of this ch	gree to Juties, lor in office ange.
(Signature of Registered Agent)	Tareley				
Divisi	on of Cornaration	ne DA Day 6227	Tallahassae FI 22214		
DIVISI	-	118, P.O. DOX 0327 II ING FFF • \$25	', Tallahassee, FL 32314	ΣS	90

INHS18 (8/05)