## [\_03000023509

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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SECRETARY OF STATE IS DIVISION OF CORPORATIONS

06 APR 14 AM 11:39

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Equity Title Partners of N	fortheast Florida, LLC		
(Maine of Elimite	a Enablity Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
Dennis L. Pratt			
(Name of Person)			
Dennis L. Pratt, P.A.	06 A		
(Firm/Company)	PR		
12276 San Jose Blvd. Ste. 42	J6 APR 14 AM 11: 39  J6 APR 14 AM 11: 39		
(Address)			
Jacksonville, FL 32223	39 OHS		
(City/State and Zip Code)			
For further information concerning this matter, ple	ease call:		
Dennis L. Pratt	904 260-0105		
(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 am	ount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## 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.

llc

•	· ·			
1. The name of the limited	I liability compan	y is: <u>Equity Tit</u>	tle Partners o	f Northeast Florida,
2. The mailing address of	the limited liabili	ty company is:	12276 San Jose	e Blvd. Ste. 429
Jacksonville,				
June 23, 2003		<u> </u>	L03000023509	
3. Date of filing/registration	on in Florida		4. Document num	ıber
5. The name of the register Florida Department of S		registered office a	iddress as shown o	on the records of the
·	Glenn Taylor			
		Name		•
	462 Kingsley	Avenue Ste. 1	.03	6
	Orange Park,	Address		<b>3</b> 5€
		City, State and Zit	)	马桑
6. The name and address of	of the new register	red agent and/or o	ffice:	OF APR 14 AM 11:39
	Dennis L. Pr	ratt		THE ST
Name		三		
12276 San Jose Blvd. Ste. 429		39		
	Florida street ad	dress (P.O. Box N	IOT acceptable)	
	Jacksonville,	FL	32223	···
	Ci	ity, State and Zip		
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen	lange or changes a the registered age eby confirmed tha lited liability com	are made, the Flor nt will be identica at the change(s) w pany or as otherw	ida street address and one in the case was/were authorized	of the registered office of a Florida limited d by an affirmative vote
(Signature of a member or authori	zed representative of a	member)	•	
Dennis L. Pratt				
(Printed or typed name of signee)			,	<u>.</u> .
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	ntment as register s of all statutes re l accept the oblig his document is be that the limited lid	red agent and agre lative to the prope ations of my posit eing filed to merel ability company h	ee to act in this ca er and complete pe ion as registered c y reflect a change as been notified in	pacity. I further agree to efformance of my duties, igent as provided for in in the registered office a writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)