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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: ANSS-FL, LLC, dba Smar (Name of		ility Company)	 · .
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Chang	e and fec(s) are submitted	d for filing.
Please return all correspondence concerning	g this matter t	o the following:	
James E. Mitchell III			•
(Name of Person)			
Smartertitle.com		<del></del>	<b>07</b> SEC TALL
(Firm/Company)		•	9 BEN 07 MAR 20 SECRETARY VLI AHASSE
5885 Trinity Parkway, Suite 130			20 ARY ASSE
(Address)			
Centreville, VA 20120			AHII: 58
(City/State and Zip Code)		<del></del>	510 W
For further information concerning this ma	tter, please ca	11:	
James E. Mitchell III	at ( 800	) 800-3561	
(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 follow	ing amount:		
\$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.

	•					
1. The name of the limite	ed liability comp	oany is: ANSS-FL, LLC, db	a Smartertitle.con	<u>n</u>		
2. The mailing address o	f the limited liab	oility company is : 5885	Trinity Parkway,	Suite 130		
Centreville, VA 20120						
8/27/03		I 036	000032803			
3. Date of filing/registration in Florida			4. Document number			
5. The name of the register Florida Department of	ered agent and th					
riorida Department or	Della L. Pazi	enza				
		Name				
	408 Cherry Tr					
		Address		7A.C		
	Sebring, FL 3	City, State and Zip				
6 The name and address	a C 4 h a m avv ma n i a	•		MAR 20 RETARY AHASSE		
6. The name and address	of the new regis	tered agent and/or office	<b>₹</b>	AR SSS		
	Mary Arnold					
	1001 UC Ulab	Name		AHII:		
1231 US Highway 27 South  Florida street address (P.O. Box NOT acceptable)		(neceptable)	AHII: 58			
	Piorida street	addless (1.0. box 1101	acceptable)	5.00 <b>G</b>		
•	Sebring	FL 33870		<u></u>		
		City, State and Zip				
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member of authority).	hange or change the registered a creby confirmed mited hability cont of the limited	es are made, the Florida s gent-will be identical. C that the change(s) was/w	street address o Or, in the case o vere authorized	f the registered office f a Florida limited by an affirmative vote		
mes E. Mitchell III				·		
(Printed or typed name of signee						
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	intment as regis ns of all statules nd accept the obj this document is n that the limited	tered agent and agree to relative to the proper an ligations of my position of Being filed to merely rej I liability company has bo	act in this cap ad complete per is registered at flect a change i een notified in	acity. I further agree to formance of my duties, zent as provided for in n the registered office writing of this change.		

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