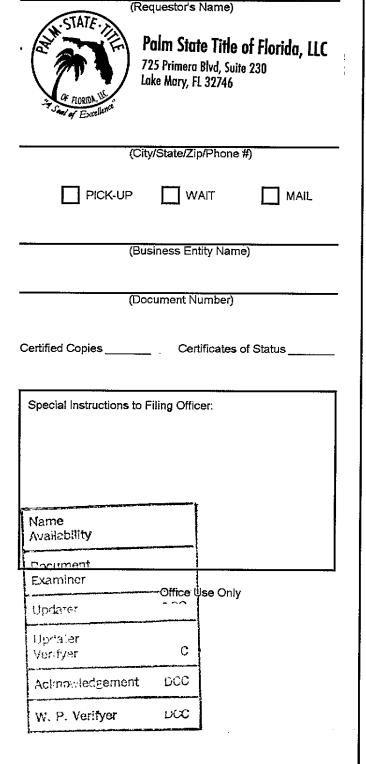
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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 liab	oility company is:	Palm St	ate Tit	le of Flo	rida, LLC	
2. The mailing address of the l	imited liability con	npany is : 72	5 Prime	ra Blvd S	uite 230	
Lake Mary,				* *		_
00/00/0000		· ·	T 0 3 0 0 0	022052	· · · · · · · · · · · · · · · · · · ·	
08/29/2003 3. Date of filing/registration in	Florida	<u>۔</u> ۵	L03000 Documen			_
5. Date of ming registration in	1 lorida	7	. Docume	it Hullioti	<b>2</b> (8)	
5. The name of the registered a Florida Department of State:	gent and the registe	ered office ad	ldress as sh	own on the re-	cords of the	
<del>-</del>	Carroll, Patr	cicia F.			وَ قُ	=
	<del></del>	Name	· · · · · · · · · · · · · · · · · · ·	<del>- ·</del> .'		Œ)
8	3340 Murray C	Court	_		PH 100	,
		ddress		· ·	12: <b>13</b>	i •
Ş	Sanford, Fl 3	32771			<b>చ</b> ∑ੌ	n'
	City, S	tate and Zip		<del></del>	- <del> </del>	
6. The name and address of the	new registered age	ent and/or off	fice:			
	Carroll, Pat	ame	·	<del></del>		
7:	25 Primera Bl		e 230			
<del></del>	rida street address (			ble)		
т.	ake Mary,	द्या ३	32746			
<del></del>		te and Zip				
If the limited liability company confirmed that after the change and the business office of the re liability company, it is hereby the members of the limited liab the operating agreement of the	or changes are mad egistered agent will onfirmed that the c	de, the Florid be identical, hange(s) was	la street add Or, in the s/were auth	lress of the reg case of a Flor orized by an a	gistered office ida limited ffirmative vote (	of
(Signature of a member or authorized rep	resentative of a member)	· · · · · · · · · · · · · · · · · · ·	70.5 · 1			
PATRICIA F. CA						
(Printed or typed name of signee)	KKULL					-
I hereby accept the appointment comply with the provisions of a and I am familiar with and acceptanted by F.S. Or if this deadaress, I hereby confirm that the confirm of Registered Agent)	nt as registered age ill statutes relative t ept the obligations cument is being fil he limited liability	ent and agree to the proper of my positio ed to merely company ha	e to act in th and compl in as regist reflect a cl s been notij	nis capacity. I ete performan ered agent as j ange in the re ied in writing	further agree to toe of my duties, provided for in egistered office of this change.	)

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

INHS18(10/99)

FILING FEE: \$25.00