Division of Corporations

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Division of Corporations

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From:

Account Name : JOHN W. SMITH Account Number : 075350000233

Phone : (561)997-2890 Fax Number : (561)892-0743 11 SEP 25 PM EN OR

BECKETARY OF STATE

ALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: JSMITH @ INVESTORS TITLE SERVICES, COM

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D. BRUCE

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EXAMINER

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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.

Name of the limited liability company: Investors Title Services LLC		
2. (a) Principal office address of limited liability compa	any: 20882 Soneto Drive	
(Note: MUST BE STREET ADDRESS)	Boca Raton, FL 33433	
(b) Mailing address of limited liability company:	20882 Soneto Drive	
(Note: MAY BE POST OFFICE BOX)	Boca Raton, FL 33433	
12/18/2003	L03000054159	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	John W, Smith	
Registered Office Address:	1095 NW Broken Sound Parkway	
	Suite 201 Boca Raton, FL 33487-3524 On 1	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	John W. Smith R O	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	20882 Soneto Drive	
Boça Raton ,FL33433		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member John W. Smith Printed ordeped name of signee		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 15, 17, if this document is being filed to merely reflect a change in the registered office address, thereby point that the limited liability company has been notified in writing of this change. Signature of Received Agent		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		

INHS18 (05/08)