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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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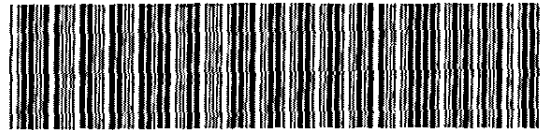
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FF \$25

***Boca Bay Title Insurance, LLC***  
4720 SE 15<sup>th</sup> Avenue, Suite 120  
Cape Coral, Florida 33904  
Phone: (239) 443-1180 / Fax: (239) 443-1185

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April 23, 2004

Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Filing Statement of Change of Registered Agent and Articles of Amendment

To Whom It May Concern:

Enclosed, please find the original signed Statement of Change of Registered Office or Registered Agent for Boca Bay Title Insurance, LLC, changing the registered agent for this company.

Also enclosed, please find the original Articles of Amendment with an Attachment "a" changing several items for Boca Bay Title Insurance, LLC.

Should you have any questions or need further assistance in processing these documents, please feel free to reach me at (239) 541-1263, fax number (239) 541-1264. All mailing correspondence should also be mailed to 4720 SE 15<sup>th</sup> Avenue, Suite 219, for the time being.

Thanking you in advance for your immediate attention to this matter.

Sincerely,



Elfie Sweet  
Vice President  
Boca Bay Title Insurance

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 liability company is: BOCA BAY TITLE INSURANCE, LLC
2. The mailing address of the limited liability company is: 4720 SE 15TH AVENUE,  
SUITE 120, CAPE CORAL, FL. 33904

FEBRUARY 26, 2004

3. Date of filing/registration in Florida

LD400001588

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

ROBERT T. MAHER  
Name  
1601 JACKSON STREET, STE. 201  
Address  
FORT MYERS, FL. 33901  
City, State and Zip

6. The name and address of the new registered agent and/or office:

RICHARD R. WOODARD  
Name  
1117 LUCERNE AVENUE  
Florida street address (P.O. Box NOT acceptable)  
CAPE CORAL, FL 33904  
City, State and Zip

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.

Richard R. Woodard  
(Signature of a member or authorized representative of a member)

RICHARD R. WOODARD  
(Printed or typed name of signer)

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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Richard R. Woodard  
(Signature of Registered Agent)

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