

L040000015598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

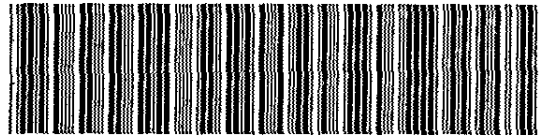
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

5/25 P/A change.

Office Use Only



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FILED

L04-15598

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

May 24, 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:

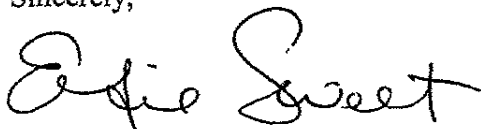
Enclosed, please find the original signed Statement of Change of Registered Office or Registered Agent for Boca Bay Title Insurance, LLC, changing the registered agent for this company.

Also enclosed, please find the original Articles of Amendment removing Richard R. Woodard as Director / Member, completely from this company.

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 be mailed to the address noted above.

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

Sincerely,



Elfie Sweet
Vice President
Boca Bay Title Insurance, LLC



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 1, 2004

ELFIE SWEET
4720 SE 15TH AVENUE, SUITE 120
CAPE CORAL, FL 33904

SUBJECT: BOCA BAY TITLE INSURANCE, LLC
Ref. Number: L04000015598

We have received your document for BOCA BAY TITLE INSURANCE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 904A00037641

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

LD4000015598

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:

RICHARD R. WOODARD
Name
1117 LUCERNE AVENUE
Address
CAPE CORAL, FL 33904
City, State and Zip

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

ROBERT T. MAHER
Name
1601 JACKSON STREET, STE. 201
Florida street address (P.O. Box NOT acceptable)
FORT MYERS, FL 33901
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.

Elfie Sweet
(Signature of a member or authorized representative of a member)

ELFIE SWEET, MGMB, VP.
(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.

X [Signature]
(Signature of Registered Agent)

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