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COVER LETTER

TO: Registration Section / Division of Corporations			
SUBJECT: Warranty Title Solutions, LLC (Name of Limited Liability Company)			
Dear Sir or Maam:			
/ /	ffice Change and fee(s) are submitted for filing.		
Please rearnall correspondence concerning t	this matter to the following:		
D'Ary LBrown (Name of Person)			
farranty Title Solution (Firm/Company)	s, lic		
12331 Towne Lake Drive,	Unit]		
Fort Myers FL 33913 (City/State and Zip Code)			
For further information concerning this matter, please call:			
D'Arcy L. Brown (Name of Person)	at (239) 936-0359 (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 following 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 limited liability company is: Ward	ranty Title Solutions, LCC
2. The mailing address of the limited liability company is:	: 12331 Towne Lake Drive,
Unit 7 Fort Myers, FL	33913
4/22/04	L0400003/083
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State:	
D'Accy L, Brown Name 7290 College Park Address	Kuay, Suite 425
Fort Myers, FL City, State and 2	33907 Zip = = = = =
6. The name and address of the new registered agent and/or	office:
D'Arcy L, Brown Name 12331 Towne Lake I Florida street address (P.O. Box Fort Myers, FL 3. City, State and Zij	NOT acceptable)
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Printed or Typed name of signee)	-
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company (Signature of Registered Agent)	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office, has been notified in writing of this change.

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

INHS18 (8/05)