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(Requestor's Name)					
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SECRETARY OF STATE
ALL AHASSEF, FLORID

COVER LETTER

Division of Corporations					
SENTINEL C	LOSING SERVICES				
	d Liability Company				
,					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
JEAN BURGDORFF					
Name of Person					
SENTINEL CLOSING SERVICES					
Firm/Company					
101 S COURTENAY PKWY, STE 202	<u></u>				
Address					
	•				
MERRITT ISLAND, FL 32952					
City/State and Zip Code					
karanrica@cfl rr com					
karenrice@cfl.rr.com E-mail address: (to be used for future annual report notification)	on)				
For further information concerning this matter, ple	ance calls				
For further information concerning this matter, pie	ase can.				
KAREN RICE at (321)3947703				
Name of Person	Area Code & Daytime Telephone Number				
CEREET/COURIED ARRESC.	MAILING ADDRESS:				
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section					
Division of Corporations					
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
√ \$25 Filing Fee	\$55 Filing Fee & Certified Copy				

TO: Registration Section

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.	Na	me of the limited liability company:	SENTINEL CLOSING SERV	ICES	
2.	(a)	Principal office address of limited liability con	npany: SENTINEL CLOSII	NG SERVICES	
		(Note: MUST BE STREET ADDRESS)	101 S COURTENAY PKW MERRITT ISLAND FL 329		
+	(b)	Mailing address of limited liability company:	SENTINEL CLOSIN	IG SERVICES	
		(Note: MAY BE POST OFFICE BOX)	101 S COURTENAY PKW MERRITT ISLAND FL 329	Y, STE 202 52	
		04/19/2004	200865620		
3.	Dat	te 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:	BURGDORFF, JEAN T		
		Registered Office Address:	clo Glow Title - Sentines 780 E Merritt Island MERRITT ISLAND, FL 326		
((b) Enter name of NEW Registered Agent and Or NEW Registered Office address:				
		NEW Registered Agent:		#####################################	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	JEAN T BURG TO Sentinel Closing TE 101 S COURTENAY PRW MERRITT ISLAND	voles .	
con and liab of t	firr the ilit he he	imited liability company is not organized under ned that after the change or changes are made, to business office of the registered agent will be y company, it is hereby confirmed that the characteristic of the limited liability company or as operating agreement of the limited liability correction.	the Florida street address of the regingled identical. Or, in the case of a Florid ge(s) was/were authorized by an affortherwise provided in the articles of	stered office la limited firmative vote	
Prin	ted (JEAN T BURGDORFF or typed 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, 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.

Signature of Registered Agent