## FILED May 23, 2005 8:00 am Secretary of State 04-25-2005 90098 032 \*\*\*\*55.00

DOCUMENT # L04000032693  1. Entity Name GATEWAY TITLE AGENCY, LLC										
Principal Place of Business Mailing Address									200	06983
9735 U.S. 19 PORT RICHE		2	9735 U.S. 19 PORT RICHEY, FL 34668						9110	00000
Territorial, in the state of th							1 19 EKSEN E	ti Beiti bibli Beiy Abtii beli	1 23126 MHZ 11412 61116 (8	(Arm emblés en embl
2. Principal P	tace of Busin	less	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04202005	Chg-LLC	CR2E083 (10/	03) 141
City & State			City & State				4. FEI Numb	245711C	) ,	Applied For Not Applicable
Zip	Country		Zip Coun		ntry			of Status Desired		Additional
6. Name and Address of Current Registered Agent					No		7. Name an	d Address of New R	egistered Apent	
I MOWRY, LORI A					Name					
9735 U.S. 19 PORT RICHEY, FL 34668			-		Street Address (P.O. Box Numit		per is Not Acceptable	·)	1	
					City				FL Zip	Code
8. The above	named entit	v submits this statement for	r the purpose of charding its	repister	ed office or re	acistere	ed agent, or bo	th, in the State of Flo	· - ;	with and accept
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Someone, speed of Direct name of regulated agent and still is published to. (NOTE: Registered Agent agentative required when reintesting)  OATE										
F(						check payable Department of S				
9.	11	MANAGING MEMBE	RS/MANAGERS	10.			· · · · · · · · · · · · · · · · · · ·	ADDITIONS/	CHANGES	
TITLE	MGR KEYSTON	NE TITLE AGENCY, INC	Delete	TITL	- i				☐ Char	ge Addition
STREET ADDRESS CITY-ST-ZIP	9735 U.S.	. 19 CHEY, FL 34668			EE1 ADORESS -ST-ZIP					1
IME	1 CAT TAK	3/10/11/00/00/00/00/00/00/00/00/00/00/00/	□ Deleta	mu		_		· <u></u>	☐ Char	9000; ge (⊡ Addition :
NAME				NAM	E					
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THE			☐ Delete	IITU					☐ Chan	ge 🔲 Addition
NAME STREET ADDRESS				NAM	EET ADDRESS					•
CATY-S1-ZIP				CITY	-51-7P					
TITLE			C Deleta	IIIU	E				Chen	ge 🔲 Addition
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CITY-ST-ZIP					-S1-ZP					•
TITLE			☐ Deleta	TITLE	1				Chan	ge 🖸 Addition
STREET ADDRESS					ET ADDRESS					1 11
CITY-ST-ZIP			ANTE ENTER AND ADDRESS OF THE PARTY OF THE P		-S1-ZIP					1.8
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same slegal effect as if made under cath; that I am a managing member or manager of the limited flability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 4/21/05 ** SIGNATURE AND TYPED OR PRENTED HAME OF SIGNING MANAGING MEMBERS MANAGER, OR AUTHORIZED REPRESENTATIVE DAME DESCRIPTIONS &										
	SECUNATURE A	MD TYPED OR PRINTED NAME OF	PROUNG HANNEING MEMBERAN	MAGER, OF	RAUTHORIZED RE	PRESEX	SATIVE	Date	Daysine Phon	••