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T. HAMPTON

MAR 1 8 2008

EXAMINER

COVER LETTER

	stration Section sion of Corporations	•	
SUBJECT:	Star Title, LLC		
	(Name of	Limited Liability Company)	
Dear Sir or N	Madam:	·	
The enclosed	d Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return	all correspondence concerning	g this matter to the following:	
Candice H			
	(Name of Person)		
Star Title,	LLC		
	(Firm/Company)		
980 N. Fed	leral Highway Suite 228A		
<u> </u>	(Address)	•	
Boca Raton	FI 33432		
Boca (Valori	(City/State and Zip Code)		
For further in	nformation concerning this ma	tter, please call:	
Candice H.	Rowe	at (561) 750-7422	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Encl	osed is a check for the follow	ing amount:	
✓ \$2	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 limite	d liability compan	ny is: Star Title, LL	.c	· · · · · · · · · · · · · · · · · · ·
2. The mailing address o	f the limited liabili	ity company is : 5	980 N. Federal Highway Suit	e 228A
Boca Raton, FL 33432				
06/02/2004		,	L0400001530	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the register Florida Department of		registered office	address as shown on the re	cords of the
-	Illyssa B. Long			0
		Name		8 XX
•	980 N. Federal F		28A	ECRE I
	Boss Boton El 1	Address		R 17
Boca Raton, FL 33432		City, State and Z	ip	ö≺r
6. The name and address		• .	•	OF STA RPORAL PH 2:
	Candice H. Row	/e		TIONS 28
	980 N. Federal H			<i>™</i>
	riorida street ad	idress (P.O. Box	NOT acceptable)	
	Boca Raton	FL 3343	32	
	Ci	ity, State and Zip		
confirmed that after the cland the business office of liability company, it is he	hange or changes a the registered age reby confirmed tha nited liability com	are made, the Flo ent will be identic at the change(s) v pany or as otherv	ws of the State of Florida, in it is street address of the rest al. Or, in the case of a Flowas/were authorized by an exist provided in the articles	egistered office rida limited affirmative vote
(Signature of a member or author	ized representative of a r	member)		
Jack Flechner, Esq.				
(Printed or typed name of signee)				
I hereby accept the appoor comply with the provision and I am familiar with an Chapter 608 F.S. Or if address, I berein confirm	intment as register is of all statutes re d googly the oblig his document is he that the limited lid	red agent and ag lative to the prop ations of my posi eing filed to mere ability company	ree to act in this capacity. ber and complete performat tion as registered agent as ly reflect a change in the r has been notified in writing	I further agree to ice of my duties, provided for in egistered office of this change.
		D.O. D. (22)		

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