## 104000047011

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2006

ADAM GUILLETTE 230 A1A NORTH PONTE VEDRA BEACH, FL 32082

SUBJECT: CMC TITLE-PATRIOT, LLC

Ref. Number: L04000047011

We have received your document for CMC TITLE-PATRIOT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

If you have any questions concerning the filing of your document, please calls (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 906A00062793

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: CMC Title ~ (Name of Limite	fatrist LLC 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 m	natter to the following:		
Aclam Gille He (Name of Person)  CMC Till Reliable	SECRETARY OF STATE TALLAHASSEE, FLORID		
CMC Title - Patriot, a	STATE CRIDE		
230 AIA North (Address)			
Ponte Vectra, FZ 32082 (Oty/State and Zip Code)	·		
For further information concerning this matter, please call:			
Adam Gilletk at (904) 250-3535  (Name of Person) (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:	· Patriot, LLC.
2. The mailing address of the limited liability company is: 30 AIA	North.
Porte Verla Beach, FL 32082	
6/21/04 1040000	47011
5. The name of the registered agent and the registered office address as shown or Florida Department of State:	the records of the
W Dovalas Smith	
220 AIA North	06 OEC SECRE
Address / 17	HAN C
City, State and Zip	FILED -7 PM 12: 27 TARY OF STATE ASSEE, FLORIDA
6. The name and address of the new registered agent and/or office:	E SIL
Adam Guille He	: 27 ATE ADA
230 ALA Name	
Florida street address (P.O. Box <b>NOT</b> acceptable)	
Parte Vede Beach FI 320182	
Ponte Vectra Beach, FL 32082 City, State and Zip	<del></del>
If the limited liability company is not organized under the laws of the State of Floronfirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized of the members of the limited liability company or as otherwise provided in the corthe operating agreement of the limited liability company.	f the registered office f a Florida limited by an affirmative vote
(Signature of a member or authorized representative of a member)	
1 )an Oliga le	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this cap comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered ag Chapter 608, F.S. Or, if this document is being filed to merely reflect a change i address, I hereby confirm that the limited liability company has been notified in v	acity. I jurther agree to formance of my duties, rent as provided for in the registered office writing of this change.

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

(Signature of Registered Agent)