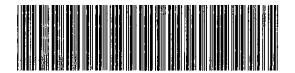
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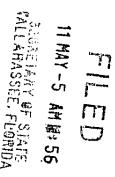
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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D. BRUCE

MAY 06 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations							
SUB	JECT: ONE CONQU			E & ESCRO	DW, LLC.			
	.,,,,,,,	,,,,,,,,,		, company				
Dear	Sir or Madam:							
The 6	enclosed Registered Agent/Registered O	office C	hange	and fee(s) are	submitted fo	r filing.		
Pleas	se return all correspondence concerning	this ma	tter to	the following	:			
	MARIO AYALDE			_				
	Name of Person							
	ONE CONQUEST TITLE & ESCRO	W, LL	<u>C.</u>	_				
	Firm/Company					***	<u>ب</u> ــــ	
	45000 500 500 500 500 500 500 500 500 50					121	₹	
	15800 PINES BLVD. SUITE 2	205				370 m	7	
	Address					338	MAY-5	*
						m _®		ſ
PEMBROKE PINES, FL. 33027				7760	TE:	ζ		
	City/State and Zip Code	·· -				TAFE	AH 图 56	•
	marioayalde@oneconquest.co	om_		_				
•	is-man address. (to be used for future annual report in	omication	1)					
For f	urther information concerning this matte	er, plea	se call	:				
	MARIO AYALDE	at (954)	346-6000			
	Name of Person	\		Area Code & Dayt	time Telephone N	umber		
	STREET/COURIER ADDRESS:		M A	ILING ADDR	FSG.			
	Registration Section Registration Section							
	Division of Corporations Division of Corporations							
	Clifton Building		P.C	. Box 6327				
	2661 Executive Center Circle		Tal	lahassee, Florid	a 32314			
	Tallahassee, Florida 32301							
	Enclosed is a check for the followin	g amoi	ınt:					
	\$25 Filing Fee	İ	\$5	5 Filing Fee &	& Certified Co	ору		

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.

Name of the limited liability company: ONE COM	NQUEST TITLE & ESCROW, LLC.				
2. (a) Principal office address of limited liability company	45000 DINEO DI VO. OLUTTI 005				
(Note: MUST BE STREET ADDRESS)	PEMBROKE PINES, FL. 33027				
(b) Mailing address of limited liability company:	15800 PINES BLVD. SUITE 205				
(Note: MAY BE POST OFFICE BOX)	PEMBROKE PINES, FL. 33027				
09/20/2004	L04000068423				
3. Date 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:	LUZ TORO				
Registered Office Address:	15800 PINES BLVD. SUITE 205- PEMBROKE PINES, FL. 33027				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: 9 THE SAME DO S				
(MUST BE FLORIDA STREET ADDRESS)	,FL				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office				
MARIO AYALDE					
Printed or typed name of signee					
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.				

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