L0H00081292

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

Office Use Only



500079568035



DIVISION OF CORPORATIONS

OFFICIENCY OF FILM

RECEIVED DEPARTMENT OF STATE DIVISION OF CORPORATION



ACCOUNT NO. : 072100000032 REFERENCE: 472786 AUTHORIZATION : CAPUBLE NO. COST LIMIT : \$25.00 ORDER DATE: September 22, 2006 ORDER TIME : 3:49 PM ORDER NO. : 472786-495 CUSTOMER NO: 7545057 CHANGE OF AGENT NAME: RELI TITLE, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX ___ PLAIN STAMPED COPY ___ CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER:

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.

agent, or both, in the State of Florida.	uer to change as registered off	ice or registered
1. The name of the limited liability company is: RELIT	ITLE, LLC	
2. The mailing address of the limited liability company i	is: 2993 Cnty Rd 295, Santa Rosa B	Beach, FL 32459
November 9, 2004	L04000081292	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered off Florida Department of State: CT Corporation Name	fice address as shown on the rec	ords of S
C T Corporation	System	F 95
Name	_	27 825
1200 Sount rine is	ialiu Koau	- Li-Lin
Āddress		第 第
Plantation, FL City, State an		PH 5: 01
6. The name and address of the new registered agent and Corporation Service		
Name		,** • • •
1201 Hays Stre		,
Florida street address (P.O. B	sox NOT acceptable)	·
TallahasseeFL_	32301	
City, State and	Zip	-
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	Florida street address of the regentical. Or, in the case of a Florics) was/were authorized by an a herwise provided in the articles	gistered office ida limited .ffirmative vote
Richard L. Bozzelli, Vice President on behalf of Reli, Inc., Manage (Printed or typed name of signee)	<u>r</u>	••
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to haddress, I hereby confirm that the limited liability company.	l agree to act in this capacity. I proper and complete performan position as registered agent as t nerely reflect a change in the re any has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.
(Signature of Registered Agent) Sylvia Queppet, Assistant Vice President	ient	
Division of Cornerations P.O. Roy		

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

INHS18 (8/05)