L04000692959

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON
JUN 2 9 2010
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 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited er to change its registered office or registered.
1. Name of the limited liability company:AFFILIAT	ED TITLE SERVICES, L.L.C.,
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	1435 East Predmont Drue #11 Tallahassee, Fl. 32308
	Tallanussee, Fl. Jasos
(b) Mailing address of limited liability company:	
(<u>Note: MAY BE POST OFFICE BOX</u>)	P.O. Box 6247 Tall Pl. 32314
12/23/2004	L04000092959
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:	BIRDWELL, JEARL
Registered Office Address:	2356 TOUR EIFFEL DRIVE _TALLAHASSEE, FL 32308
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Jearl Birdwell
NEW Registered Office Address:	1435 East Predmont Dr. # 110
(MUST BE FLORIDA STREET ADDRESS)	Tall .FL 32308
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 ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other	laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
or the operating agreement of the limited liability company	
Signature of a member or authorized representative of a member	ECRETAR ISION OF C
Jearl Birdwell	W VETA
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 pround I am familiar with and accept the obligations of my me Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further gree to some special s
Signature of Registered Agent	%
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

FILING FEE: \$25.00