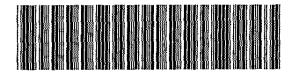
## L05000025471

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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RA Charge		
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SUNBELT TITLE (Name of Lin	GRAP LLC mited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
KEITH R. MUELLER (Name of Person)	
SUNBELT TITLE GROUP L (Firm/Company)	4C = 1
551 SOUTH APOLLO BOUL	LEVARD, SUITE 204
MELBOURNE, FL 32901 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter,	please call:
KEITH MUELLER a (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: SUNBELT TITLE GROWP LLC 2. The mailing address of the limited liability company is :551 SOUTH APOLLO BOULEVARD SUITE 204, MELBOURNE, FL 32901 MARCH 14, 2005

3. Date of filing/registration in Florida L05000025471 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: OCALA, FL 34476 City, State and Zip 6. The name and address of the new registered agent and/or office: 551 SOUTH APOLLO BOULEVARD, SUITE 204 Florida street address (P.O. Box NOT acceptable) MELBOURNE, FL 32901

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

leit Musla (Signature of a member or authorized representative of a member) KEITH MUELLER (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

ait Muello (Signature of Registered Agent)