

## L05000009017

(Re	equestor's Name)				
(Ad	ldress)	<del> </del>			
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



900082033919

11/27/06--01011--019 \*\*25.00

DIVISION OF CORPORATIONS

Put

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Premiere Abstract and (Name of	Title, LLC Limited Liability	y Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change at	nd fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to th	ne following:	
John D'Amato (Name of Person)			
Premiere Abstract and Title (Firm/Company)			
2400 East Commercial Blvd, Suit	te 224		
Fort Lauderdale, FL 33308 (City/State and Zip Code)			
For further information concerning this may	tter, please call:		
John D'Amato	at ( 954	332-4400	
(Name of Person)	(A	Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314	
Enclosed is a check for the follow	ing amount:		
<b> ▼</b> \$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 liabil	ity company is:	Premiere Abstract and Title, I	LLC		
2. The mailing address of the lir	nited liability con	npany is : 2400 East Comm	nercial Blvd, S	uite 2	224_
Fort Lauderdale, FL 33308	, 				
3/23/2005		L05000029017			
3. Date of filing/registration in I	?lorida	4. Document nui			
				C .1	
5. The name of the registered age Florida Department of State:	ent and the registe	ered office address as shown	on the records	of the	;
Non	e		_		
<del>_</del>		Name			
		Address	<del>.</del>		
	City (	state and Zip	-		9
c m) 1 11 0.1	• •	•		190	NSE SSE
6. The name and address of the r	new registered ago	ent and/or office:		06 NOV 27	모음
<u>John</u>	D'Amato			27	유유
2400		ame cial Blvd, Suite 224		PH	유유
<del></del>		(P.O. Box NOT acceptable)			SIA
		• •		50	TIONS
<u>Fort l</u>	Lauderdale	FL 33308		_	Ŝ
	City, St	ate and Zip			
If the limited liability company is confirmed that after the change of and the business office of the regliability company, it is hereby confirmed the members of the limited lift or the operating agreement of the	or changes are magistered agent will onfirmed that the ability company of a limited liability	Ide, the Florida street address I be identical. Or, in the case change(s) was/were authorized as otherwise provided in the company.	of the registers of a Florida lii	ed off mited	
(Signature of a member or authorized repr	esentative of a member	)			
John D'Amato		<del></del>			
(Printed or typed name of signee)		7			
I hereby accept the appointmen comply with the provisions of all and I am familiar with and acce Chapter 608, F.S. Or, if this do address, I hereby confirm that the	t as registered ag l statules relative pt the obligations cument is being fi ne limited liability	ent and agree to act in this c to the proper and complete t of my position as registered led to merely reflect a chang company has been notified	apacity. I furth performance of agent as provid e in the register in writing of thi	er ag my di led fo red oj s cha	ree to uties, or in ffice nge.
(Signature of Registered Agent)					
Division of C	Corporations, P.C	D. Box 6327, Tallahassee, Fl	L 32314		

**FILING FEE: \$25.00** 

INHS18 (8/05)