

65000037835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

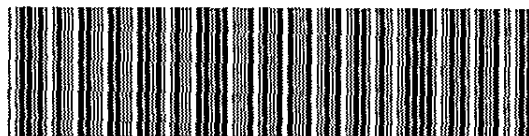
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

65-37835-
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***M3 Title, LLC
150 SE 2nd Avenue, Suite 900
Miami, FL 33131
(305) 722-0606
Fax (305) 722-0607***

October 30, 2006

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

***Re: Statement of Change of Registered Agent and Office for M3 Title,
LLC***

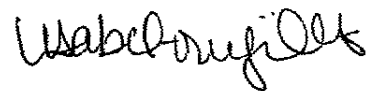
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To Whom It May Concern:

Enclosed please find the above referenced document along with check no. 2102 in the amount of \$25.00 payable to Department of State in for fees associated with the changes. If you should have any further questions, please do not hesitate to contact our office.

Sincerely,



Isabel Trujillo

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M3 TITLE, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISIS Valle, Esq.
(Name of Person)

M3 TITLE, LLC
(Firm/Company)

150 SE 2nd Ave, Suite 900
(Address)

Miami, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

ISIS Valle, Esq. at (305) 722-0606
(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

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**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: M3 TITLE, LLC
2. The mailing address of the limited liability company is: 150 SE 2nd Ave, Suite 900
Miami, FL 33131

3. Date of filing/registration in Florida April 19, 2005
4. Document number LD5000037835

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

ISIS VALLE, ESQ.
Name
10 NW LeJeune Rd., Suite 400
Address
Miami, FL 33126
City, State and Zip

6. The name and address of the new registered agent and/or office:

ISIS VALLE, ESQ.
Name
150 SE 2nd Avenue, Suite 900
Florida street address (P.O. Box NOT acceptable)
Miami, FL 33131
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.


(Signature of a member or authorized representative of a member)

ISIS VALLE
(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.


(Signature of Registered Agent)

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

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