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SECRETARY OF STATE
SECRETARSSEE, FLORIDA

PACIFIC

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJECT: Powernet Tilte.com LLC (Name of Corporation)					
DOCUN	MENT NUMBER:				
The encl	losed Statement of Change of Registered Office	/Agent and fee are submitted for filing.			
Please re	eturn all correspondence concerning this matter	to the following:			
	D. Charles Marquis (Name of Con	tact Person)			
Powernet Title.com LLC (Firm/Company)					
1935 Commerce Lane #4 (Address)					
Jupiter, FL 33458 (City/State and Zip Code)					
For furth	ner information concerning this matter, please c	all:			
D. Cha	(Name of Contact Person)	at (561) 624-0115 (Area Code & Daytime Telephone Number)			
Enclosed	d is a \$35.00 check made payable to the Departi	ment of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is st	ubmitted for a corporation organiz	, 607.1508, or 617.1508, Florida Statutes, ted under the laws of the State of Florida red agent, or both, in the State of Florida.		
1. The name of the corpo	oration: Powernet Title.com LL	.C	 	
2. The principal office ac	ddress: 1935 Commerce Lane	#4, Jupiter FL 33458		
3. The mailing address (i	if different):			
4. Date of incorporation/	qualification: 6/20/05	Document number:		
5. The name and street a Florida Department of		ent and registered office on file with the		
Mark	Sadowski			
1824	0 Lake Bend Dr.			
Jupite	er, FL 33458			
(if changed):	ddress of the new registered agent	(if changed) and /or registered office	OS NI SECI	FILED FILED
	Commerce Lane #4	Vernet Title:00111 EE0	ARTA ARTA	FILED
1900	(P.O. Box NOT acceptable)		RY	- E
<u>Jupit</u>	er, FL 33458		of S	⅓
The street address of its as changed will be ident	registered office and the street a	ddress of the business office of its registe	ered age	56
Such change was author authorized by the board	rized by resolution duly adopted for the corporation has been noti	by its board of directors or by an officer ified in writing of the change.	so	
(Signature of an of	ficer or director)	D. Chrles Marquis, President/M (Printed or typed name and title)	anager	
I hereby accept the app I further agree to compl of my duties, and I am f document is being filed corporation has been no	ointment as registered agent and ly with the provisions of all statut amiliar with and accept the oblig merely to reflect a change in the otified in writing of this change.	agree to act in this capacity. tes relative to the proper and complete pe ation of my position as registered agent. registered office address, I hereby confir	erformance Or, if this rm that the	
alle		11/17/05		
	Registered Agent)	(Date)		
If signing on behalf of a	n entity:			
(Typed or Pr	inted Name)			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *