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COVER LETTER

TO: Registration Section Division of Corporations Gulf Breeze Title of Sarasota, 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: **Donna Bennington** Name of Person Gulf Breeze Title of Sarasota, LLC Firm/Company 1532 Stickney Point Road Sarasota, Florida 34231 City/State and Zip Code wwinkle@gulfbreezetitle.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donna STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

,	o. 22, 2 0, 1			
1. Na	me of the limited liability company: Gulf Breeze Title of Sara	sota, LLC		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	1532 Stickney Point Road Sarasota, Florida 34231		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1532 Stickney Point Road Sarasota, Florida		<u> </u>
	10/26/2005	L05000105	055	
3. Da	te of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida	Dept. of State:	
	Registered Agent:	Donna Bennington		
	Registered Office Address:	2382 Seattle Slew Drive Sarasota, Florida 34240	SECONE HAY	_
(b)	Enter name of NEW Registered Agent and/or NEW	V Registered Office add	\$556 \$787	FM
	NEW Registered Agent:	Donna Bennington	0 A	C3
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4947 Live DA Sarasofa, FL	34332 FL	
confir and th liabili the me the op	limited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company. When the limited liability company or a soften with the change of a member	orida street address of the	e registered offi Florida limited	
I here compl and I Chapi addre	or typed name of signee by accept the appointment as registered agent and as y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my pos er 608, F.S. Or, if this document is being filed to men sss, I hereby confirm that the simited liability company re of Registered Agent	gree to act in this capaci per and complete perfor sition as registered agen rely reflect a change in th has been notified in wri	ty. I further agr mance of my du t as provided foi he registered off ting of this char	ee to ties, r in ice ige.

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