## 605000121287

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
	EScrou LLC Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
DMITRY KIRZNER (Name of Person)	
Oceanic Title & Escrou	ي لـد
1674 Beacon Sixee	A SECRETA TALLAHA
Brookline WA 024 (City/State and Zip Code)	TALLAHASSEE, FLORI
For further information concerning this matt	$\sigma^{\pi}$ $\omega$
DMITRY KIRZUER (Name of Person)	at (617) 278-0203 (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	ng 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.

g,	A 1 3000 5
1. The name of the limited liability company is:	Oceanic Title & Escrow LLC.
2. The mailing address of the limited liability con	npany is: 2999 NE 1915T STREET.
Suite	2905 Avenura FL 33180.
12/21/2005	1.05000121287
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown on the records of the
Victoria	Vidre
2500 E. Ha	Mandale Beach Blvd., Suite 600
Hallandale City, S	Mardale Beach Blvd., Suite 60x address Beach FL 33180 Interest and Zip ent and/or office:
6. The name and address of the next registered age	ant and/on affice.
Ilana Kalid	Ann - Artzy ame PIST Sylve 9 Suite 9 Specific Fig. 1. (P.O. Box NOT acceptable)
2999 NF N	ame
Florida street address	(P.O. Box NOT acceptable)
Avertua	Auril.
	ate and Zip
If the limited liability company is not organized up confirmed that after the change or changes are material and the business office of the registered agent will liability company, it is depely confirmed that the confirmed	nder the laws of the State of Florida, it is hereby de, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization company.
	<del></del>
(Signature of a member of without representative of a member (Printed or typed name of signes)	<u>'</u>
(Printed or typed name of signee)  I hereby accept the appointment as registered ago	ent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fit address. I hereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.

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

(Signature of Registered Agent)