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EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Agents Benchmark Title LLC (Name of Lin	nited 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 n	matter to the following:
Scott Bender	
(Name of Person)	
Agents Benchmark Title LLC	
(Firm/Company)	. ~3
715 S. Adolph Pt.	TE S T
(Address)	HE P
Lecanto, FL 34461	P 25 H
(City/State and Zip Code)	TALLAHASSEE.FLORI
For further information concerning this matter, ple	on F
Scott Bender at (	252 746 2626
(Name of Person)	352 746-2626 (Area Code & Daytime Telephone Number)
(Camara Carana)	(
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (5/08) .

## 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. Name of the limited liability company: Age	ents Benchmark Title LLC
2. (a) Principal office address of limited liabili (Note: MUST BE STREET ADDRES.	
(b) Mailing address of limited liability comp (Note: MAY BE POST OFFICE BOX	pany: 715 S. Adolph Pt. Lecanto, FL 34461
September 19, 2008	L06000036083
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office	shown on the records of the Florida Dept. of State:
Registered Agent:	Scott Bender
Registered Office Address:	2060 Hwy. 44 West Inverness, FL 34453
(b) Enter name of NEW Registered Agent	and/or NEW Registered Office address:
NEW Registered Agent:	Scott Bender
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDR	715 S. Adolph Pt. Lecanto, FL 34461 .FL
that after the change or changes are made, the F office of the registered agent will be identical. (hereby confirmed that the change(s) was/were a	under the laws of the State of Florida, it is hereby confirmed lorida street address of the registered office and the business Or, in the case of a Florida limited liability company, it is buthorized by an affirmative vote of the members of the limited he articles of organization or the operating agreement of the

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

Scott Bender

(Printed or typed name of signee)

limited liability company.

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.

SCOT BELL

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