## L07000002264

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SECHETARY OF STATE

T. HAMPTON AUG 1 8 2008

**EXAMINER** 

## COVER LETTER

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Division of Corporations	
	<u></u>
SUBJECT: USA Title Agency Group, LLC	ited Liability Company)
(1.11110 01 21111	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Off	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Melinda Green	
(Name of Person)	<del></del>
PICC (Firm/Company)	
, (FineCompany)	
55 NE 5th Avenue, Suite 502	
(Address)	
Boca Raton, FL 33432	
(City/State and Zip Code)	
For forther information concerning this matter also	ago polle
For further information concerning this matter, ple	ase can.
Melinda Green at (	561 ) 241-9974
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	• • • • • • • • • • • • • • • • • • • •
Enclosed is a check for the following amo	ount:
□ \$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.

1.	Юaт	ne of the limited liability company: USA Title A	gency Group, LLC	
2.	(a)	Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	·	
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		0, 2008 e of filing/registration in Florida	<u>L07000002264</u> 4. Document number	
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
	()	Registered Agent:	Abby L. Steinberg	
		Registered Office Address:	401 Fairway Drive, Suite 101  Deerfield Beach, FL 33441	O
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>		
	•	NEW Registered Agent:	mo m	÷
	•	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	401 Fairway Drive, Suite 100 S CO	
tha off her lial	it afi ice reby bilit	imited liability company is not organized under the later the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the car confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	t address of the registered office and the business are of a Florida limited liability company, it is	
(Sig	natu	re of a member or authorized representative of a member)	-	
) (Pr	inted	or typed name of signee) MGRM	-	
	M	by accept the appointment as registered agent and a with the provisions of all statutes relative to the provisions of all statutes relative to the provided with and accept the obligations of my position of, if this document is being filed to merely reflect a confine the limited liability company has been notified to the limited liability company has been notified to the limited liability company has been notified liability liabilit	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby in writing of this change.	

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