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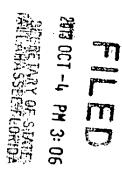
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TO: Registration Section **Division of Corporations** 

Central Florida Title Center, 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:

Ana R. Groe

Name of Person

Central Florida Title Center, LLC

Firm/Company

1401 Town Plaza Court

Winter Springs, FL 32708

City/State and Zip Code

cftitlecenter@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana R. Groe

Name of Person

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 amount:

□ \$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.

1.	Nar	ne of the limited liability company: Central Florida Title Cent	ter, LLC	<u>.                                    </u>		
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	1401 Town Plaza Court Winter Springs, FL 32708			_
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1401 Town Plaza Court Winter Springs, FL 32708			
	19/200		L07000007528			
3.	Dat	e of filing/registration in Florida 4	. Document number			
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept.	. of Sta	ite:	
		Registered Agent:	Trevor Olson			
		Registered Office Address:	365 Wekiva Springs Road, #151	<del>77</del> 3	D-3	
		Tiog.siciou Cinco Huaress.	Longwood, FL 32779	1		
			<del>_</del>	पुर, हेर्द्ध जिल्लाक	8	1
	(b)	Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>	/ Registered Office address:	NSS A	+-1	F
		NEW Registered Agent:	Ana R. Groe		P	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1401 Town Plaza Court	STATE STATE	<u>ဒ္</u>	No.
			Winter Springs,	,FL 327	08	
an lia the	nfirr d the bilit e me	imited liability company is not organized under the la ned that after the change or changes are made, the Floe business office of the registered agent will be identicy company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company.	orida street address of the regi- cal. Or, in the case of a Florid	stered o la limit	office ed	
Pr	inted o	Janice Petterray or typed name of signee				
I co an Ch ad	here mply d I a japte dres	by accept the appointment as registered agent and age with the provisions of all statutes relative to the profilm familiar with and accept the obligations of my posen 608, F.S. Or, if this document is being filed to mer, s, I hereby confirm that the limited liability company	ree to act in this capacity. If ner and complete performanci ition as registered agent as pi ely reflect a change in the reg has been notified in writing o	urther e of my rovided istered f this c	agree dutie for it office hange	! to !S, n e e.

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

Signature of Registered Agent