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COVER LETTER

Division of Corporations			
SUBJECT: Land Registry Group LLC			
	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 concernin	ng this matter to the following:		
Linda Jenkins			
(Name of Person)			
Land Registry Group LLC (Firm/Company)			
110 Mohawk Street			
(Address)			
Satsuma, Florida 32189			
(City/State and Zip Code)			
For forther information and in the still and	44111.		
For further information concerning this ma	mer, piease caii:		
Linda Jenkins	at (904) 336-2765		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327		
Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	ing 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.

1: The name of the limit	ed liability company	is: Land Registr	y Group LLC	·····
2. The mailing address o	f the limited liability	company is: 1	10 Mohawk St.	
Satsuma, Florida 32189		···		
04-02-2007			L07000034528	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the registresist. Florida Department of		egistered office	address as shown on the re	cords of the
•	William Scranton	1		
	110 Mohawk St.	Name		
_ 0				
Satsuma, Florida 32189			SECI ISIC	
	Cit	ty, State and Zi	p	SECRETAR IVISION OF C
6. The name and address of the new registered agent and/or office:		ffice:	∺ ≺'-	
	Linda Jenkins			ED OF STATE DRPORATIONS
		Name		- AR
	110 Mohawk St.			SNS SNS
	Florida street addre	ess (P.O. Box N	NOT acceptable)	
	Satsuma,	FL 32189	9	
	City	, State and Zip		
confirmed that after the cl	hange or changes are the registered agent reby confirmed that the nited liability compant of the limited liability.	e made, the Flor will be identica the change(s) w ny or as otherw lity company.	vs of the State of Florida, it ida street address of the real. Or, in the case of a Florias/were authorized by an a ise provided in the articles	mistered office
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered so of all statutes related accept the obligation is document is bein that the limited liable on Rung		ee to act in this capacity. It is and complete performan ion as registered agent as i y reflect a change in the re as been notified in writing	I further agree to ice of my duties, provided for in egistered office of this change.
(Branco of Leading of Library				

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

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