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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Plaza Title Services, LLC (Name of Limi	ited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Mary C. Dugan	
(Name of Person)	
Plaza Title Services, LLC (Firm/Company)	7001 7ALL
(t in becompany)	FIL 2001 SEP 2 SECRETAR NLLAHASS
1801 Lee Road Suite 260	
(Address)	
Winter Park, Florida 32789 (City/State and Zip Code)	P 3: 00 P 3: 00 E.FLORIDA
(1.1) 1.111 -11 -1,	
For further information concerning this matter, p	please call:
Mary C. Dugan at	(407) 622-2010
(Name of Person)	(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 a	mount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

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 limite	d liability company is	S: Plaza Title Services, LLC			·		
2. The mailing address of the limited liability company is : 891 Claydon Way							
Altamonte Springs, Florida	32701						
May 1, 2007		L07000046493					
3. Date of filing/registration in Florida 4. Document number			ber				
5. The name of the register Florida Department of	ered agent and the reg State:	sistered office address as shown o	n the reco	rds of t	the		
•	Mary C. Dugan						
	-	Name					
	891 Claydon Way						
	•	Address					
Altamonte Springs, Florida 32701							
	Cit	y, State and Zip	AL SE	7001			
6. The name and address	of the new registered	agent and/or office:	CRET/ LAHA	1 SEP 2			
	Mary C. Dugan / P	laza Title Services, LLC	SSI SSI	21	[
	·	Name	ri o				
	1801 Lee Road Suit	te 260	1 S	U			
	Florida street addre	ess (P.O. Box NOT acceptable)	STATE LORID	ىب	No.		
	Winter Park	FL 32789		0.0			
City, State and Zip							
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a premium of the limited liability company) (Printed or typed name of signee) 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.							
	this document is bein that the limited liabi	g filed to merely reflect a change lity company has been notified in	in the regi writing of	stered f this c	office hänge,		
(Signature of Registered Agent).							
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00							

INHS18 (8/05)