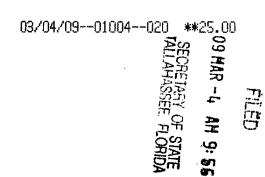
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(Re	equestor's Name)	
(Address)		
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(City/State/Zip/Phone #)		
, PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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M. THOMAS

MAR - 5 2009

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: Pinnacle Title & Escrow Services, LCC (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:			
Alberto Greens (Name of Person)			
Pinnack Title & Escrow Services (Firm/Company)	SECRET FALLAHA	09 MAR -1	
2800 Biscagne Blood, Ste. 1010 (Address)	SSEE FLO	-t MH 9-	TLED
Miami, FL 33137 (City/State and Zip Code)	ROA	en en	
For further information concerning this matter, please call:			
Alberto Carrero at (305) 672 - 2822, ext (Name of Person) (Area Code & Daytime Telephone Number)	<u> </u>	»)	
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:			

☐ \$55 Filing Fee & Certified Copy

\$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.

in the Blate of Frontial.	· —
1. Name of the limited liability company: Pinna	cle Title & Escrow Srvc, LCC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	= 2800 Biscapue Blvd. Ste. 1010 Miami, FL 33137
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	<u></u>
3. Date of filing/registration in Florida	<u>L0700059365</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on a	the records of the Florida Dept. of State:
Registered Agent:	Alberto Carrero, Nirky Alvarez
Registered Office Address:	Alberto Carrero, Nirky Alvarez 9100 S. Padeland Blod. Ste. 1500 Miami, FL 33156
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address: Sco. 9
NEW Registered Agent:	N/A EE 9
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2800 Biscague & Ind. Miami FLO33137
If the limited liability company is not organized under the limited that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.	ase of a Florida limited liability company it is
(Signature of a member or authorized representative of a member)	_
Alberto Carrer) (Printed or typed name of signee)	<u></u>
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper 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 I in writing of this change.

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

(Signature of Registered Agent)