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SECHETARY OF STATE TALLAHASSEE, FLORIDA

JUN -5 PH 12:

COVER LETTER

SUBJECT: MERITAGE TITLE AGENCY, CLC (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:
MIKE WILSON (Name of Person)
MERITAGE TITLE AGENCY, LIC (Firm/Company)
8461 LAKE WORTH ROAD, Suit 120 POR & SEE SE
(Address) (Address) (Address) (City/State and Zip Code) (City/State and Zip Code)
For further information concerning this matter, please call:
MKE W. (Sol.) 209-6807 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

\$25 Filing Fee

TO: Registration Section

Division of Corporations

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 State of Floridă.
1. Name of the limited liability company: MERITAGE TITLE AGENCY, CLC
2. (a) Principal office address of limited liability company: 8461 LAKE Worth Pd. (Note: MUST BE STREET ADDRESS) (Note: MUST BE STREET ADDRESS) (AKE Worth, Fr. 33467
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 8461 LAKE Worth Rd SE 120 LAKE Worth, FC 33467
7-5-07 L07000070022
3. Date of filing/registration in Florida 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Corporte Creations Petrusk, Luc.
Registered Office Address: [1380 Prosparity Han Kd # 2216
FAM BEACH GAVISTIEL 33418
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) ACE WARFILE 33467
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 member or authorized representative of a member) (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.
(Signature of Registered Agent) (U) (ST) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)