L08000093857

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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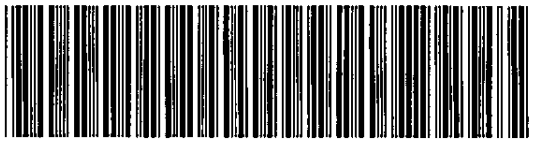

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 28 2014

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Foreclosure Attorneys, PLLC
Name of Corporation

DOCUMENT NUMBER: L08000093857

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William C. Slabaugh, Esq.
Name of Contact Person

Florida Foreclosure Attorneys, PLLC
Firm/Company

4855 Technology Way, Suite 630
Address

Boca Raton, FL 34431
City/State and Zip Code

wslabaugh@ffapllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William C. Slabaugh at (561) 391-8600
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2013

WILLIAM C SLABAUGH, ESQ
FLORIDA FORECLOSURE ATTORNEYS, PLLC
4855 TECHNOLOGY WAY STE 630
BOCA RATON, FL 34431

SUBJECT: FLORIDA FORECLOSURE ATTORNEYS, PLLC
Ref. Number: L08000093857

We have received your document for FLORIDA FORECLOSURE ATTORNEYS, PLLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 913A00026083

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605 or 605, 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. Name of the limited liability company: Florida Foreclosure Attorneys, PLLC

2. (a) Principal office address of limited liability company: 4855 Technology Way Suite 630 Boca Raton, FL 33431
(*Note: MUST BE STREET ADDRESS*)

(b) Mailing address of limited liability company: 4855 Technology Way Suite 630 Boca Raton, FL 33431
(*Note: MAY BE POST OFFICE BOX*)

10/2/2008
3. Date of filing/registration in Florida

L08000093857
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Scott M. Gross, Esquire

Registered Office Address: 4855 Technology Way Suite 630 Boca Raton, FL 33431

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: William C. Slabaugh, Esquire

NEW Registered Office Address: 4855 Technology Way Suite 630 Boca Raton, FL 33431
(*MUST BE FLORIDA STREET ADDRESS*)

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

Rick S. Felberbaum, President
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 605 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

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

FILED
08 FEB 27 PM 4:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

INHS18 (05/08)