L13000/07282

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JAN - 7 2013 T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enterprise Title Florida, LLC d/b/a THG Title

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:

David L. Donnelly

Name of Person

Enterprise Title Florida, LLC

Firm/Company

201 Columbine Street, Ste. 300

Address

Denver, Colorado 80206

City/State and Zip Code

daviddonnelly@hermangroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David L. Donnelly

.,,303 \ 220-627

Name of Persor

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 amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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

1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MAY BE POST OFFICE BOX) Discussion of the second o	liability company submits the following statement in or agent, or both, in the State of Florida.	.508, rioriaa Statutes, ti der to change its registei	ne undersigned limited red office or registered
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 7/29/2013 3. Date of filling/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address: Registered Office Address: Registered Agent: Registered Agent: Registered Agent: Registered Agent: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: (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 if the limited liability company. Signature of member of authorized representative of a member Roger A Hornan Printed of typed name of signee	1. Name of the limited liability company: Enterprise Title Florid	da, LLC (
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 20801 Biscayne Blvd. Sulte 307 Aventura. Florida 33180 1.13000107282 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: (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 whember of authorized representative of a member Roger A Laphana Printed of typed name of signee	2. (a) Principal office address of limited liability compa	ny: 20801 Biscayne Blvd.	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Suite 307	(Note: MUST BE STREET ADDRESS)	Suite 307	
(Note: MAY BE POST OFFICE BOX) Suite 307 Aventura. Florida 33180		Aventura, Florida 33180	
(Note: MAY BE POST OFFICE BOX) Suite 307 Aventura. Florida 33180	(b) Mailing address of limited liability commonly	20901 Biccoupe Blad	
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Registered Office Address: Suite 106			la Dept. of State:
(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) 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 member of authorized representative of a member Roger A. Herman Printed of typed name of signee	Registered Agent.	retor rudan	***************************************
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(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address of the Florida Street Addres	registered office readess.		
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Signature of Registered Agen

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