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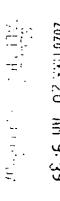
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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## **COVER LETTER**

	egistration Section evision of Corporations				
SUBJECT	, CORE TITLE SERVICES, LLC				
	Name of Limited Liability Company				
Dear Sir o	r Madam:				
The enclos	sed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.		
Please retu	irn all correspondence concerning th	nis matter to the	following:		
HEMANT	PANCHAL				
	Name of Person				
CORE TIT	LE SERVICES, LLC				
	Firm/Company		<del>-</del>		
500 Winde	rley Place, Suite 100				
	Address				
Maitland, I	Florida 32751				
-	City/State and Zip Code				
closer@co	retitleservicesfl.com				
E-ma	ail address: (to be used for future an	nual report notif	ication)		
For further	r information concerning this matter	, please call:			
HEMANT	PANCHAL	407 at (	589-3356		
	Name of Person		Area Code & Daytime Telephone Number		
Ro D P.	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
E	nclosed is a check for the followin	g amount:			
■ \$25 Filing Fee □ \$55			55 Filing Fee & Certified Copy		

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company:Core Title Servic	ces, LLC	
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)
3.	Date of filing/registration in Florida Attorneys Justin Clark and Associates PLLC	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dent of S	
	500 Winderley Place, Ste 100	i the Florida Dept. of 2	nate.
	Registered Office Address	2020 H.A.	
	Maitland , F.	L 32751	
(b)	Hemant Panchal		M1 9: 39
(0)	Enter name of NEW Registered Agent and/or NEW Registere	— ့ မှ ' <del>'</del> မ	
	500 Winderley Place, Ste 100		₹. <b>3</b> 6
	NEW Registered Office Address:		
	Maitland , F		
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered office lability company, i of the limited liabi	and the business office of the registered t is hereby confirmed that the change(s) thity company or as otherwise provided in ompany.
Signa	nure of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dipwriting of this change.	ree to act in this co performance of m ed for in Chapter 6 hereby confirm th	apacity. I further agree to comply with the sy duties, and I am familiar with and accept 65, F.S. Or, if this document is being filed at the limited liability company has been
Signan	ire of Registered Agent		