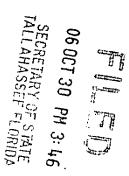
M03000001233

(Requestor's Name)		
(Requestor's Name)		
1300 Piccord Drive		
` ,		
Suite L105 (Address)		
Rockville, MD 20850 (City/State/Zip/Phone #)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
mn2-1233		
<u>M03 - 123 3</u> (Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
10/30 B/ACh		
Office Hee Only		



600081324526

10/30/06--01049--009 **25.00



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.

1. The name of the limited liability company is	PROFESSIONAL ESCROW SERVICES, LLC
2. The mailing address of the limited liability ca	ompany is : 1300 PICCARD DR, L105
ROCKVILLE, MD	20850
10/02/2000	M03000001233
3. Date of filing/registration in Florida	4. Document number
Florida Department of State:	stered office address as shown on the records of the
ELIZABETH MC	GOUGH Name
4887 BELFORT F	ROAD, SUITE 109
	Address
JACKSONVILLE,	
•	State and Zip
6. The name and address of the new registered a	gent and/or office:
FLORIDA FILING AN	ND SEARCH SERVICES, INC
	Name
	ZA DRIVE, SUITE A
riorida street addres	s (P.O. Box NOT acceptable)
TALLAHASSEE	FL 32301
City, S	State and Zip
confirmed that after the change or changes are mand the business office of the registered agent was liability company, it is hereby confirmed that the	under the laws of the State of Florida, it is hereby hade, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization y company.
(Signature of a member or authorized representative of a member	SSE T
Ellot M. Uss	To Real Parties
(Printed or typed name of signee)	
	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, so f my position as registered agent as provided for itself to merely reflect a change in the registered office by company has been notified in writing of this change.
(Signature of Registered Agent)	124/06
Division of Corporations, P.	O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (8/05)