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(Requestor's Name)			
(Address)			
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Office Use Only



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SECRETARY OF STATE
AND MINISSEE FLORIDA

N. Oulligan JAN 3 U 2014;



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: January 24, 2014

Order#: 961911-006

Re: LIBERTY TITLE COMPANY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

Pursuant to the provisions of sections 605.0114, 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: LIBERTY TITL	E COMPANY, LLC		
2. (a) Principal office address of limited liability compared to the compared	ny: 1701 BARRETT LAKES B	LVD., STE. 510	
(Note: MUST BE STREET ADDRESS)	KENNESAW	G/ 30144 🔀	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		1 1 2	
04/02/2004	M04000001269	E E	
3. Date of filing/registration in Florida	4. Document number	10 N	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida	Dept. of State: 5	
Registered Agent:	C T CORPORATION SYSTEM		
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI NEW</u> Registered Agent:			
NEW Registered Agent:	Corporation Service Company		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		
MOST BE TECKIDA STREET ADDRESS	Tallahassee	FL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the ntical. Or, in the case of a F s) was/were authorized by a	e registered office Florida limited an affirmative vote of	
Dona Priebe, Authorized Person			
Printed or typed name of signee			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 605, F.S. Or, if this document is being filed to n address, I hereby confirm that the limited liability compa	agree to act in this capacit proper and complete perfori position as registered agent perely reflect a change in th ny has been notified in writ	y, I further agree to nance of my duties, as provided for in e registered office ing of this change.	
Signature de Registered Agent Corporation Service Company	Sylvia Queppet, Assistan	it Vice President	

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