M04000002293

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(Address)				
(Address)				
(Cit	y/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
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SECRETARY OF STATE

T. HAMPTORS

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Mattingly Ford Title Services, LLC 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:					
Russell D. Ford					
Name of Person					
Mattingly Ford Title Services					
Firm/Company					
1650 UPS Drive Suite 101					
Address					
Louisville, KY 40223					
City/State and Zip Code					
russell@mattinglyford.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Russell D. Ford 502 212-7000					
Name of Person Area Code & Daytime Te	elephone 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	Registration Section Division of Corporations P.O. Box 6327				
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	эру				
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: Mattingly Ford	d Title Services,	LLC	
2. (a)	1650 UPS Drive	(b) 1650 U	(b) 1650 UPS Drive	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Louisville, KY 40223	Louisvi	lle, KY 40223	
	6/10/2004	M04000	002293	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	CT Corporation System		_	
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta		
	1200 South Pine Island Road		- FS 15	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	TALLAHAS	
	Plantation , FL	33324	ASSEE	
(b)	Matthew B. Vice		AH 10: 32 SEE, FLORIE	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	EF 2	
	5401 South Kirkman Road		ŕ	
	NEW Registered Office Address:			
	Suite 310		_	
	Orlando , FL	_32819		
the chagent was/v the ar	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the nature of a member or authorized representative of a member eby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	f the registered offi ability company, it of the limited liabil limited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. Printed or typed name of signee to comply with the	

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

Signature of Registered Agent