

M05000004375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

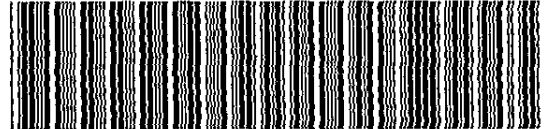
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
AND  
FILED



## FILING REQUEST

January 5, 2006

FLORIDA SECRETARY OF STATE

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<i>Type of Filing:</i>	CHANGE OF AGENT
<i>Subject(s):</i>	FIRST SRI TITLE & ESCROW, L.L.C.
<i>Form(s) Enclosed:</i>	STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT
<i>Supporting Document(s):</i>	NONE
<i>Check Enclosed:</i>	YES - CHECK # 21562 FOR \$ 25.00
<i>Return Via:</i>	REGULAR MAIL - SASE ATTACHED
<i>Filing Method:</i>	ASAP

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PLEASE RETURN TO: PREMIER CORPORATE SERVICES, INC.  
590 PARK STREET, SUITE 6  
ST. PAUL, MN 55103

Please call me at **1-800-227-1256** if there are any questions.

Thank you!

**Melissa Hobbs**

**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: First SRI Title & Escrow, LLC
2. The mailing address of the limited liability company is : \_\_\_\_\_  
30 West Gude Drive, Suite 450, Rockville MD 20850

8/04/2005

M05000004375

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System

Name

1200 S Pine Island Rd

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box **NOT** acceptable)

Weston

FL 33331

City, State and Zip

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 a member or authorized representative of a member)

Gary F. McHenry, VP, Manager, First Title + Escrow, Inc.  
(Printed or typed name of signer)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Melissa Hobbs  
(Signature of Registered Agent)

Melissa Hobbs, Assistant Secretary  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

06 JAN 10 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Gary F. Wehman, VP, Manager, First Title + Escrow, Inc.  
(Printed or typed name of signer)

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Melissa Hobbs, Assistant Secretary

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