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SECRETARY OF STATE
TALLAHASSET, PATE

COVER LETTER

TO:		istration Section sion of Corporations					
SUBJI	ECT:	Escrow Management, LLC Name of Limited Liability Company					
.,,,,,,							
Dear S	Sir or A	Madam:					
The en	eloseo	I Registered Agent/Registered O	ffice Change a	and fee(s) are submitted for filing.			
Please	returr	n all correspondence concerning t	his matter to t	he following:			
Ralph I	H. Doe	ring, II					
		Name of Person					
Escrow	e Mana	igement, LLC					
		Firm/Company					
4303 N	Œ 1st′	Terrace, Suite 2					
		Address					
Oaklan	id Park	:, FL 33334-3157					
		City/State and Zip Code					
admin3	S@pali	nettostates.com					
[E-mail	address: (to be used for future ar	inual report no	otification)			
For fu	rther i	nformation concerning this matte	r, please call:				
Ralph I	H. Doc	ering, III	954 at (594-1007			
		Name of Person	*** (Area Code & Daytime Telephone Number			
		iling Address:		Street Address:			
		istration Section		Registration Section			
		ision of Corporations . Box 6327		Division of Corporations The Centre of Tallahassee			
		ahassee, FL 32314		2415 N. Monroe Street, Suite 810			
	1 4414	andssec, 1 L 32314		Tallahassee, FL 32303			
	Enc	losed is a check for the followin	g amount:				
☐ \$25 Filing Fee				\$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: Escrow Manager	ment, LLC				
2. (a)	Principal office address of limited liability company	(1	Mailing ad	dress of limited liability company		
3.	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	4303 NE 1st Terrace, Suite 2 4303 NE 1			st Terrace, Suite 2		
	Oakland Park, FL 33334		Oakland Park, FL 33334 L07000071842			
	July 11, 2007					
	Date of filing/registration in Florida	4.	Document number			
5. (a)	Registered Agent					
(u)	Registered Agent and Registered Office shown on the records of Gonzalez, Michael	- ::				
	Registered Office Address (MUST BE FLORIDA STREET 4303 NE 1st Terrace, Suite 2	20 SE				
	Oakland Park	L 33334		ORE OF		
(b)	NEW Registered Agent Enter name of NEW Registered Agent and/or NEW Registered	FILED 2021 JAN 19 PH 3: 50 ECCRETANN OF STATE TALLAMNSSEE RE				
	Susie Glenn					
	NEW Registered Office Address:	- · · · · · · · · · · · · · · · · · · ·				
	4303 NE 1st Terrace, Suite 2	-				
	Oakland Park , F	33334 L				
change agent was/w the art Signa I here provis the obto mer	imited liability company is not organized under the lactor changes are made, the Florida stropt address of the will be identical. Or, in the case of elelorida limited liere authorized by an aftirmative vote of the members icles of organization or the operating agreement of the flow of a member of a member or authorized representative of a member 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 provided by effect a change in the registered office address. If it writing of this change.	e register ability eco of the lim limited l Rah ree to act a perform	ed office and ompany, it is nited liability com oh H. Doering in this capa ance of my a Thanter 605	If the business office of the registered thereby confirmed that the change(s) we company or as otherwise provided in apany. 2. III. MGRM Printed or typed name of signee activ. I further agree to comply with the duties, and I am familiar with and accept in the signer of this document is being filed.		