| Current Maili | ng Address: | | | |
|---|---|---------------------|---|------------|
| 3300 NE 31S ⁻ LIGHTHOUSE | T AVENUE E POINT, FL 33064 US | | | |
| FEI Number: 82-1349068 | | | Certificate of Status Desired: No | |
| Name and Ac | Idress of Current Registered Agent: | | | |
| SEMENUK, MAR 3300 NE 31ST A LIGHTHOUSE PO | | | | |
| The above named e | entity submits this statement for the purpose of changing its regis | tered office or reg | istered agent, or both, in the State of F | lorida. |
| SIGNATURE: | MARGARET M SEMENUK | | | 04/03/2019 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized P | erson(s) Detail : | | | |
| Title | AMBR | Title | AMBR | |
| | | | | |

Address

City-State-Zip:

3300 NE 31ST AVENUE

LIGHTHOUSE POINT FL 33064

Entity Name: ASSET PROTECTION TITLE LLC

Current Principal Place of Business:

3300 NE 31ST AVENUE LIGHTHOUSE POINT, FL 33064

(

3300 NE 31ST AVENUE

City-State-Zip: LIGHTHOUSE POINT FL 33064

Address

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARGARET MARY SEMENUK

AMBR

04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 03, 2019 **Secretary of State** 2286836063CC