# 72243

· (Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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SECKLARASSEE, FLORIDA

C. GOLDEN AUG - 7 2017

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Florida Land Title Association

Name of Corporation

DOCUMENT NUMBER: 722243

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

#### **Scott Merritt**

Name of Contact Person

#### Florida Land Title Association

Firm/Company

249 E. Virginia St.

Address

### Tallahassee, Florida 32301

City/State and Zip Code

Scott@flta.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

**1**:

statement of che	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organizer to change its registered office or register	zed under the laws of the State of	Florida	is	-	
	the corporation: Florida Land Title	·	. , , , , , , , , , , , , , , , , , , ,			
	office address: 249 E. Virginia St.	, , , , , , , , , , , , , , , , , , ,		•		
2. The principal	Tallahassee, FL 3					
3. The mailing a	address (if different): P.O. Box 6614	15				
<u></u>	St. Pete Beacl	h, FL 33736				
4. Date of incor	poration/qualification: 12/9/1971	Document number: 72224	3			
	d street address of the current registered ag rtment of State: (If resigned, enter resigned		ith the			
	Resigned - Alexandra Overhoff					
	249 E. Virginia St.					
	Tallahassee, FL 32301		SECALLA	2017 A		
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):			mce y i " m ~	AUG -3	FLE	
	Scott Merritt			P	0	
	249 E. Virginia St.			ት፡ 5ተ		
	P.O. Box NOT at	cceptable	3>	•		
	Tallahassee, FL 32301					
The street address changed will	ess of its registered office and the street ac be identical.	ddress of the business office of it	s registered	ager	nt,	
Such change wa authorized by th	as authorized by resolution duly adopted be ne board, or the corporation has been notif	by its board of directors or by an fied in writing of the change.	officer so			
1) Scott	Mento	Scott Merritt, Executive Director				
I further agree to performance of agent. Or, if the	the appointment as registered agent and a to comply with the provisions of all statut my duties, and I am familiar with and acc is document is being filed merely to reflec that the corporation has been notified in a	es relative to the proper and com cept the obligation of my position it a change in the registered offic	iplete i as register	red I		
A Scot	+ Menito	July 20, 2017				
Sign	nature of Registered Agent	Date				
If signing on be	half of an entity:					
Ty	ped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*