

7/9/2020

Hara, Michelle (561) 671-2527

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Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GUNSTER,YOAKLEY & STEWART,P.A.
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)671-2527

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
PREMIER TITLE COMPANY, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PREMIER TITLE COMPANY, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. March 31, 1999

Date of filing/registration in Florida

3. A99000000523

Florida document number

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

Bernard R. Baker III

Name

777 S Flagler Dr, Suite 500 East

Address

West Palm Beach, FL 33401

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Leo Sebastian Fox

Name

777 S Flagler Drive, Suite 500 E

Florida street address (P.O. Box not acceptable)

West Palm Beach FL 33401

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.
PREMIER TITLE COMPANY, INC.

By: /s/ Leo Sebastian Fox

Signature of General Partner Leo Sebastian Fox, President

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.

/s/ Leo Sebastian Fox

Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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