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OLYMPUS TITLE COMPANY, LLC											
	•						01 FEB 21	AM IO:	56 -		
Principal Place of Business Mailing Address											
C/O MARC H. AUERBACH, ESO. C/O MARC H. AUERBACH, ESO.							SECRETARY	0f S	IAIL DDIDA		
201 S. BISCAYNE BLVD., STE. 200 201 S. BISCAYNE BLVI			STE. 200			TALLAHASSEE. FLORIDA					
MIAM! FL 33131		MIAMI FL 33131				1					
Principal Place of Business 3. Mailing Address						[				POUL CONTRACTOR	
·							•				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	4. FEI Number Applied For					
			7:-			105-10105				t Applicable	
Zip	Country   Zip		Country			. Certif	icate of Status Desired		\$5.00 Add Fee Require		
6. N	lame and Address of Current I	Registered Agent			7.	Name	and Address of New Reg	istered A	gent		
					Name						
AUERBACH, MAF				Street A	ddress (P.O.	Box N	umber is Not Acceptable)				
KRIKPATRICK &	E BLVD., STE. 2000			<u>-</u>							
MIAMI FL 33131	L DEVD., GTE. 2000		City	City				FL Zip Code			
The above named entity submits this statement for the purpose of changing its registered.					· · · · · · · · · · · · · · · · · · ·				<u> </u>		
8. The above named	entity submits this statement for	the purpose of changing its	registere	ed office or	r registered a	agent, c	or both, in the State of Florid	a.	,		
SIGNATURE			<u>,</u>								
Signature	, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signati	ure required when	n reinstatir	ng)	DATE			
	•			FEE IS \$					'		
	•	Make Check Pa	yable t	o Depart	ment of St	tate	•				
9.	MANAGING MEMBE	RS/MEMBERS	10.			1	ADDITIONS/CH	IANGES			
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NAME <sup>®</sup> STREET ADDRESS			NAM) etar	E et address	Ť		M		- E		
CITY-ST-ZIP				-ST-ZIP			, ,		<b>4</b>		
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STREET ADDRESS CITY-ST-ZIP		_		et address -st-zip							
11. I hereby certify th	at the information supplied with	this titing does not qualify for	the exer	mption stat	ted in Section	n 119.0	7(3)(i), Florida Statutes. I fu	rther certi	ify that the in	formation	
indicated on this i	report is true and accurate and mpany or the receiver or trustee	that my śignature shall bave :	the same	legal effe	ct as it made	: under	oath: that I am a magaging	g member	or manage	or the	
	V Shillett	7	n an sa						:		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destine Phone &											
SIGNAT	TUBE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	TAGEN, OR	AUTHORIZED	KEPHESENTATI	IAE	Date	Da	ytime Phone #		