L01000015242

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PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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SECRETARY OF STATE
TALL 4 HASSEE FLORID

IPR 1 4 2016 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	TitleMark, PLLC					
	Name	Name of Limited Liability Company				
Dear S	Sir or Madam:					
The en	sclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	s matter to the following:				
Adam	n J Knight					
	Name of Person					
TitleN	Mark, PLLC					
	Firm/Company					
100 5	South Ashley Drive, Suite 450					
	Address					
Tamp	oa, Florida 33602					
	City/State and Zip Code					
aknig	ght@hicksknight.com					
Ē	E-mail address: (to be used for future annu	ual report notification)				
For fu	rther information concerning this matter,	please call:				
Adam	n J Knight	at () 876.3113				
	Name of Person	Area Code & Daytime Telephone Number				
		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHSI	8 (2/14)					

HENRY.W. HICKS (1954-2014) ADAM J. KNIGHT LAURA L. WHITESIDE



100 S Ashley Drive
 Suite 450
 Tampa, Florida 33602
 t 813 876 3113 · f 813.871.9202

March 21, 2016

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re:

TitleMark, PLLC

Doc. No. L01000015242

CHANGE OF ADDRESS AND REGISTERED AGENT ADDRESS

To Whom It May Concern:

Enclosed, please find the completed Statement of Change of Registered Office and Registered Agent for TitleMark, PLLC.

Our intent is to update the principal and mailing address for TitleMark, PLLC to 100 South Ashley Drive, Suite 450, Tampa, Florida 33602. Also, the registered agent's address should also reflect as 100 South Ashley Drive, Suite 450, Tampa, Florida 33602.

Please contact us if you have any questions or require additional information.

Sincerely,

Adam J. Knight



2016 APR 12 PM 12: 36

FLORIDA DEPARTMENT OF STATE ALLA AND SEFE OF Division of Corporations

March 25, 2016

ADAM J KNIGHT 100 SOUTH ASHLEY DRIVE, SUITE 450 TAMPA, FL 33602

SUBJECT: TITLEMARK, PLLC Ref. Number: L01000015242

We have received your document for TITLEMARK, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00006196

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SECRE CARY OF STATE
PALL AHASSEE FLORIDA

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. Na	me of the limited liability company: TitleMark, F	PLLC				
2. (a)	100 South Ashley Drive, Suite 450		(b) 100 South Ashley Drive, Suite 450			
_, (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limi (Note: MAY BE PC	ted liability company: OST OFFICE BOX)	
	Tampa, Florida 33602		Tampa,	Florida 33602		
	09/04/2001		L0100001	5242		
3.	Date of filing/registration in Florida	4.		Document numbe	r	
5. (a)						
	Registered Agent and Registered Office shown on the records Adam J. Knight	of the Florida	Dept. of State	z.		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<u> </u>			
	400 South Ashley Drive, Suite 1500					
	Tampa,ı	FL 33602		•	3 6 = 1	
					6 APR	
(b)	Enter name of NEW Registered Agent and/or NEW Register	and Office and	luaco:		2	
	Enter hance of NEW Registered Agent and/or NEW Register	ed Office aut	<u>iress</u> .		NA NA	
	Adam J Knight				APR 12 PH 1:36 METARY OF STATE AHASSEF, FLORID	
	NEW Registered Office Address:			•		
	100 South Ashley Drive, Suite 450				36 TE RIDA	
	Towns	00000				
	Tampa,ı	_{FL} 33602				
the cha agent was/we the arti Signat I herel provisite oblite one in the oblite of the continuous and the continuous and the continuous and the characteristic	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the ure of a member of authorized representative of a member by accept the appointment as registered agent and a constant of all statutes relative to the proper and completely reflect a change in the registered office address, if in writing of this change.	of the regis liability co s of the lim he limited l	tered office mpany, it is ited liability iability com	and the business of hereby confirmed to company or as of apany. Printed or typed name active. I further approximately and the printer approximately and the printer approximately appro	office of the registered I that the change(s) therwise provided in e of signee	
oignaun	pivision of Corporations & B.O.					