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SECRETARY OF STATE

J. BRYAN

MAR 1,9 2009

EXAMINER

COVER LETTER

SUBJECT:	FIRST PRIC	DRITY TITLE, LLC			
-	(Name of Limited Liability Company)				
Dear Sir or Madam	:				
The enclosed Regis	stered Agent/Registered	Office Change and fee(s) are submitted for filing.			
Please return all co	rrespondence concerning	ng this matter to the following:			
	Name of Person) (Name of Person) (Pirm/(Company)	ill .	SECRETARY OF		
	Ollege Pkw (Address)		STATE		
Fort me	NEVS PL 33° (City/State and Zip Code)	719			
For further information concerning this matter, please call:					
	wuSUb me of Person)	at (<u>239</u>) <u>332-4512</u> (Area Code & Daytime Telephone Numb	er)		
Registration Division of Clifton Buil 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed i	s a check for the follow	ving amount:			
\$25 Fili	ng Fee	☐ \$55 Filing Fee & Certified Copy			

TO: Registration Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. FIRST PRIORITY 1. Name of the limited liability company: TITUE 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Swite 104 Fort myers. (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Agent: College Parkway Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: .c.G.region **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability control of the members of the limited liability control of the limited l liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. or authorized representative of a member) (Printed or typed name of signee) 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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)