

LD6000042031

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF REGISTRATION  
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**G. MCLEOD**

AUG 14 2009

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Majestic Title LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Virgen R. McGriff  
Name of Person

Majestic Title, LLC  
Firm/Company

97 Sage Crest Drive  
Address

Ocoee, Florida 34761  
City/State and Zip Code

virgensmilleniafg@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Virgen McGriff at ( 813 ) 900-1193  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**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

# 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.

1. Name of the limited liability company: Majestic Title LLC
2. (a) Principal office address of limited liability company: 8902 North Dale Mabry  
☐ (Note: **MUST BE STREET ADDRESS**) FL 33618, (Tampa)  
Suite 201
- (b) Mailing address of limited liability company:  
☐ (Note: **MAY BE POST OFFICE BOX**) 97 SageCrest Dr.  
Ocoee FL 34761
3. Date of filing/registration in Florida: 7/30/2009
4. Document number: LD0000042001

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Miller Enterprise

Registered Office Address: 8902 N. Dale Mabry  
#201  
Tampa, FL 33614

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** Virgen McGriff

**NEW Registered Office Address:**  
**(MUST BE FLORIDA STREET ADDRESS)** 97 Sage Crest Drive  
Ocoee FL 34761

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 company or as otherwise provided in the articles of organization, or the operating agreement of the limited liability company.

Virgen McGriff  
 Signature of a member or authorized representative of a member

Virgen McGriff  
 Printed or typed name of signer

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.

Virgen McGriff  
 Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00