

LD70000013668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

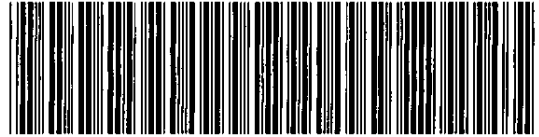
Special Instructions to Filing Officer:

L. SELLERS

SEP - 8 2009

EXAMINER

Office Use Only



000159848590

000159848590
09/03/09--01037--018 **50.00

FILED

09 SEP -3 AM 8:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St. Cloud Title, LLC DBA
Name of Limited Liability Company American Sterling Title

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:

Jack Speaks
Name of Person
St. Cloud Title, LLC
DBA American Sterling Title
Firm/Company

1535 Smoke-tree Cir
Address

Apopka FL 32712
City/State and Zip Code

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

For further information concerning this matter, please call:

Jack Speaks at (321) 303-1707
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: St. Cloud Title, LLC DBA American Sterling
Title

2. (a) Principal office address of limited liability company:

☐ (Note: **MUST BE STREET ADDRESS**)
Just moved from 1304 10th St Ste. 2
St. Cloud, FL 34769

2265 Lee Rd Ste. 219
Winter Park, FL 32789

(b) Mailing address of limited liability company:

☐ (Note: **MAY BE POST OFFICE BOX**)

1535 Smoketree Cir
Apopka, FL 32712

02/05/2007

L07000013668

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:

NR AI Services, Inc

Registered Office Address:

2731 Executive Park Dr.
Ste. 4
Weston, FL 33331 US

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

NEW Registered Agent:

Joan W. Speaks

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

207 Tern Ln
Altamonte Springs, FL 32701
FL

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.

Signature of a member or authorized representative of a member

Jack Speaks

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.

Signature of Registered Agent

Joan W. Speaks

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

FILING FEE: \$25.00

FILED
SEP -3 AM 8:24
TALLAHASSEE FLORIDA
CLERK OF STATE