

LD8000036892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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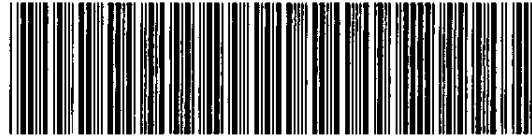
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 20 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEXSTAR TITLE & ESCROW, 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:

RONALD CIKA

Name of Person

NEXSTAR TITLE & ESCROW, LLC

Firm/Company

8320 W SUNRISE BLVD #104

Address

PLANTATION, FL 33222

City/State and Zip Code

RONCIKA@CORALSHORESREALTY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATIN ABRAMSON

Name of Person

at ( 954 )

563-0038 EXT 149

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

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11 JAN 19 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: NEXSTAR TITLE & ESCROW, LLC

2. (a) Principal office address of limited liability company: 8320 W SUNRISE BLVD #104

(Note: **MUST BE STREET ADDRESS**)

PLANTATION, FL 33222

(b) Mailing address of limited liability company:

8320 W SUNRISE BLVD #104

(Note: **MAY BE POST OFFICE BOX**)

PLANTATION, FL 33222

04/11/2008

L08000036892

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:

RONALD CIKA

Registered Office Address:

2691 E OAKLAND PARK BLVD. STE 106  
FT LAUDERDALE, FL 33306

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

**NEW** Registered Agent:

RONALD CIKA

**NEW** Registered Office Address:

8320 W SUNRISE BLVD #104

**(MUST BE FLORIDA STREET ADDRESS)**

PLANTATION, FL 33222

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.

Ronald Cika  
Signature of a member or authorized representative of a member

RONALD CIKA

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.*

Ronald Cika  
Signature of Registered Agent

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

FILING FEE: \$25.00