L11000032268

(Re	equestor's Name)
(Ad	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bı	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
special Instructions to	Filing Officer:
L	Office Use Only



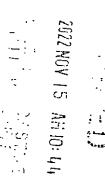
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ALLAHASSEE FLOR

2022 NOV 15 PM 2: 1

A. BUTLER NOV 16 2022



COVER LETTER .

TO:	Registration Section Division of Corporations		
cusu	NU WORLD TITLE, ELC		
SUBJE		Name of Limited L	iability Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	following:
MOISE	S CARDOSO		
	Name of Person		<u> </u>
FILEJE	T INC.		
	Firm/Company		
10440 I	PIONEER BLVD., SUITE 8		
	Address		
SANTA	FE SPRINGS, CA 90670		
	City/State and Zip Cod	e	_
REGIS	FEREDAGENT@FILEJET.COM		
Е	-mail address: (to be used for future	annual report notifi	ication)
For fur	ther information concerning this mat	ter, please call:	
MOISE	S CARDOSO	949 at (259-5955
_	Name of Person	(Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Enclosed is a check for the follow	-	Tallahassee, FL 32303
	■ \$25 Filing Fee	□ S:	55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

(a)	300 NW 53RD STREET		(b) 8300 NW 53RD STREET		
X-17 .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 400		SUITE 400		
	DORAL, FL 33166	_	DORAL, F	L 33166	
	3/16/2011		1.110000322	268	
	Date of filing/registration in Florida	4.		Document number	
(a)	MIAMI LEGAL, P.A.				
()	Registered Agent and Registered Office shown on the records of th	e Flori	da Dept. of State	- c:	
	300 SOUTH ARAGON AVENUE				
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRE	<u>55)</u>	2012	
	SUITE 310				
	CORAL GABLES , FL	3134		2022 NOV 15	
(b)	FILEJET INC. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> 625 E. TWIGGS STREET)ffice :	<u>iddress</u> :		
	NEW Registered Office Address:			_	
	SUITE 110			_	
	TAMPA FL	3602		_	
ange ent w is/we arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability.	egisto oility the li imited	ered office an company, it is mited liabilit	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.	
_	ure of a member or authorized representative of a member			Printed or typed name of signee	
ierel oviși obl	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect of change in the registered office address. I he	e to a erfor for in	ct in this cape nance of my e Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and acce i, F.S. Or, if this document is being file the limited liability company has been	

Signature of Registered Agent