

L12000018293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

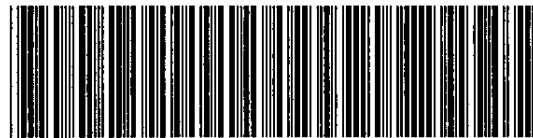
(Business Entity Name)

(Document Number)

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FILED
17 JUN 30 AM 11:36
DIVISION OF CORPORATIONS

O SIMMONS
JUL 03 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2017

MARISSA CONNORS
3575 PIEDMONT RD NE
STE 500
ATLANTA, GA 30305

SUBJECT: SHORE TO SHORE TITLE, LLC
Ref. Number: L12000018293

We have received your document for SHORE TO SHORE TITLE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 917A00010859

RECEIVED
2017 JUN 30 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shore to Shore 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:

Marissa Connors

Name of Person

Aldridge Pite LLP

Firm/Company

3575 Piedmont Road NE, Suite 500

Address

Atlanta, GA 30305

City/State and Zip Code

mconnors@aldridgepite.com

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

For further information concerning this matter, please call:

Marissa Connors

at (404)

994-7402

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 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.

1. Name of the limited liability company: Shore to Shore Title, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>6111 Broken Sound Parkway NW, Suite 350</u> <u>Boca Raton, FL 33487</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>6111 Broken Sound Parkway NW, Suite 350</u> <u>Boca Raton, FL 33487</u>
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3. <u>2/7/2012</u> Date of filing/registration in Florida	4. <u>L12000018293</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Steven C. Rubino
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1615 South Congress Avenue, Suite 200
Delray Beach, FL 33445

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

Steven B. Greenfield
NEW Registered Office Address:
6111 Broken Sound Parkway NW, Suite 350
Boca Raton, FL 33487

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	<u>Marissa G. Connors</u> _____ Printed or typed name of signer
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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 605, 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

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