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| | (Requestor's Name) | | | | |
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| PICK-UP | WAIT | MAIL | | | |
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| | (Business Entity Name) | | | | |
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| Certified Copies | Certificates of Sta | itus | | | |
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| Special Instructions to | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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A. RAMSEY OCT - 7 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | | | | |
|--|--|--|--|--|--|--|--|
| REFERENCE : 973433 7941640 | | | | | | | |
| AUTHORIZATION : Spelle le man | | | | | | | |
| COST LIMIT : \$25.00 | | | | | | | |
| ORDER DATE : September 26, 2022 | | | | | | | |
| ORDER TIME : 9:02 AM | | | | | | | |
| ORDER NO. : 973433-017 | | | | | | | |
| CUSTOMER NO: 7941640 | | | | | | | |
| | | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| | | | | | | | |
| NAME: ASSURED TITLE AGENCY, LLC | | | | | | | |
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| | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | |
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| GOVERNOR DEPOSON DE 1' DE DESCRIPTION DE CONTRACTOR DE CON | | | | | | | |
| CONTACT PERSON: Eyliena Baker EXT# | | | | | | | |
| EXAMINER: | | | | | | | |

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. | Na | me of the limited liability company: ASSURED TITLE | AGE | ENCY, LLC | |
|----------------------------|-------------------------------|--|-----------------------------------|---|---|
| | (a) | 825 PARKWAY ST. | | (b) 825 PARKWAY ST. | |
| ٠. | (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | (6) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | STE. 1 | | STE. 1 | |
| | | JUPITER, FL 33477 | _ | JUPITE | R, FL 33477 |
| | | 05/22/2012 | | L1200006 | 68411 |
| 3. | | Date of filing/registration in Florida | 4. | | Document number |
| 5. | (a) | KLINE, GEORGE | | | |
| ٥. | (4) | Registered Agent and Registered Office shown on the records of the 825 PARKWAY ST. | e Flori | ida Dept. of St | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) STE. 1 | | 2002.00 | |
| | | JUPITER ,FL 3 | 3477 | , | |
| 1 | (b) | Enter name of NEW Registered Agent and/or NEW Registered Of Corporation Service Company | ffices | address: | 2022 OCT - 6 MILL 22 |
| | | NEW Registered Office Address: | | | |
| | | 1201 Hays Street | <u>-</u> | | _ |
| | | Tallahassee , FL | 2301 | | _ |
| cha age was | nge nt w s/we | mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liabile authorized by an affirmative vote of the members of the of organization or the operating agreement of the line | giste ility c the li | red office an company, it mited liabili | nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in |
| 75) 743011 170 1 01461 | | son DeYonl | ker, Authorized Person | | |
| | _ | are of a member or authorized representative of a member | | | Printed or typed name of signee |
| I ho pro the to n | ereb visio obli iere | y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f ly reflect a change in the registered office address, I her in writing of this change. | to ac erforn or in eby c | et in this cap nance of my Chapter 60 confirm that | pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |
| | | Chace Cotyble of Registered Agent | Gr | ace E. Kirby | y, Asst. Vice President |
| SIR | iacul | or regionate rigain | | | |