## 113000119686

(Re	equestor's Name)	
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(Ad	idress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
	ocument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: May 7, 2019

Order#: 752155/012

Re: TITAN GOLD, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

Wilmington, DE 19808

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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. N	ame of the limited liability company: TITAN GOLD.	LLC			
2. (a)	200 S. BISCAYNE BLVD.	(b)			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	7th Floor				
	Miami, FL 33131	<del></del>			
	08/23/2013	L13	3000119686		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	WEIDER, NORMAN S				
•	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	200 S. BISCAYNE BLVD.				
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)			
	7th Floor				
			1 (0)		
	Miami F1	. 33131			
41.5	Corporation Service Company				
(p)	Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	. t.		
			;, ùn		
	1201 Hays Street				
	NEW Registered Office Address:	<del></del>	<del></del>		
			<del></del>		
	Tallahassee , FI,	32301			
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered ability compar of the limited I	l office and the business office of the registe iv, it is hereby confirmed that the change(s) liability company or as otherwise provided in	red	
	IMMONS FRAZIER	SIMMON	S FRAZIER, AUTHORIZED PERSON		
Signa	sture of a member or authorized representative of a member		Printed or typed name of signee		
I here provis the object to mer noting	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I have been always and the change.	ree to act in the performance of d for in Chapt hereby confirn	is capacity. I further agree to comply with to of my duties, and I am familiar with and accert 605. F.S. Or, if this document is being find that the limited liability company has been	he rept led i	
Signatu	re of Registered Agent Corporation Service Company	BY: GRAC	E KIRBY, ASST VICE PRESIDENT		