114000141598

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
,					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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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: Katie Boese katie.thomas@cscglobal.com

Date: September 4, 2019

Order#: 892175/077

Re: MIAMI DADE CONVEYANCE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Katie THOMAS c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

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: MIAMI DADE (CONVEYA	NCE, LLC	 -	
2. (a)	6751 FORUM DRIVE SUITE 200	(b)	6751 FORUM DRIVE	E SUITE 200	
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	ORLANDO, FL 32821		ORLANDO, FL 32821		
	09/10/2014		L14000141598		
3.	Date of filing/registration in Florida	4.	Document nu	ımber	
5. (a)	BUSINESS FILINGS INCORPORATED				
J. (a)	Registered Agent and Registered Office shown on the records of	f the Florida I	Dept. of State:		
	1200 SOUTH PINE ISLAND				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
				1.3	
(b)	PLANTATION FI	1. 33324		ت ت	
	Corporation Service Company			- ,	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	Tess:	and the second second	
			_	: : : : : : : : : : : : : : : : : : : :	
	1201 Hays Street			.0	
	NEW Registered Office Address:				
		, <u> </u>	<u></u>		
	Tallahassee	32301			
		<u>-</u>			
the cha agent v was/we	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members of the of organization or the operating agreement of the	f the registe iability con of the limit	ered office and the busing any, it is hereby confided liability company or	ness office of the registered rmed that the change(s)	
	/s/ Marc G. Baumann	Marc	G. Baumann, Manager		
Signature of a member or authorized representative of a member			Printed or typed name of signee		
tne obt to meri	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address. It is writing of this change.	ree to act i.e. performaned for in Cl hereby con	n this capacity. I furthence of my duties, and Lanapter 605, F.S. Or, if the firm that the limited lian	r agree to comply with the m familiar with and accept his document is being filed bility company has been	
Sign	Diaze L'Kuby	DV. C	on D. Wicker, Acres 377	Did	
orgnatu	re of Registered Agent Corporation Service Company	BY: Gra	ice E. Kirby, Asst. Vic	te President	

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