## £17000218104

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TALL AHASSEE FLORIDE

JAY 2.3 2013

## **COVER LETTER**

COVER L	ETTER %
TO: Registration Section Division of Corporations	iability Company)
SUBJECT: Xpress Title Company, LLC.	
(Name of Limited I	iability Company)
The enclosed member, resignation or dissociation	F. W.
Please return all correspondence concerning this	matter to:
Dan Wallace	
(Contact Person)	
Xpress Title Company, LLC.	
(Firm/Company)	
7345 Greenbriar Parkway	
(Address)	
Orlando, FL 32819	
(City/State and Zip Code)	
For further information concerning this matter, pl	case call:
Dan Wallace	407 634-6748
(Name of Contact Person) (	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (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.

1. Na	ame of the limited liability company: Xpress Titl	le Compa	ny, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	()		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	7345 Greenbriar Parkway Orlando, FL 32819	<del></del>		reenbriar Parkway , FI 32819
	November 5 2018		L170002	18104
3. 5. (a)	Date of filing/registration in Florida  Dean Mead  Registered Agent and Registered Office shown on the record	4.		Document number
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 420 S. Orange Ave., Suite 700		2018 JAN 15	
. (D)	Orlando, FL  Dean Mead Services, LLC  Enter name of NEW Registered Agent and/or NEW Registered	FL 32801		JAN 15 PH 4: 2
	NEW Registered Office Address: 420 S. Orange Ave., Suite 700			- क्रा
	Orlando	FL_32801		_
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limiteere authorized by an affirmative vote of the member cles of organization or the operating agreement of	s of the regi d liability cors of the lin the limited	stered office ompany, it is nited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Signal	phy MANAGER  fure of a member or authorized representative of a member		iii waapiiy	Printed or typed name of signee
I herel provisi the obli to mere notified	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to ac lete perform vided for in s, I hereby c	t in this cap iance of my Chapter 605 onfirm that	acity. I further agree to comply with the
эівнаіш.	Division of Corporations • P.	O. Box 632 G FEE: \$25		ssee, FL 32314