L17 C0026 41 85

_____
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

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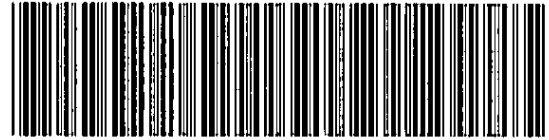(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: **Worldwide Title Escrow & Closing Services, 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:

Leslie Cimadevilla
_____
Name of Person

Worldwide Title Escrow & Closing Services, LLC
_____
Firm/Company

7900 Nova Dr #205
_____
Address

Davie, FL 33324
_____
City/State and Zip Code

cimadevillalaw@gmail.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Cimadevilla   **954**   **599-4129**
_____ at (_____) _____
Name of Person   Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

Enclosed is a check for the following amount:

❑ $25 Filing Fee   ☑ $55 Filing Fee & Certified Copy

INHS18 (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. Name of the limited liability company: **Worldwide Title Escrow & Closing Services, LLC**

2. (a) **7900 Nova Dr. #205, Davie, FL 33324**
   Principal office address of limited liability company:
   (Note: MUST BE STREET ADDRESS)

   (b) **7900 Nova Dr. #205, Davie, FL 33324**
   Mailing address of limited liability company:
   (Note: MAY BE POST OFFICE BOX)

3. **12/29/2017**
   Date of filing/registration in Florida

4. **L17000264185**
   Document number

5. (a) **7900 Nova Dr. #205, Davie, FL 33324**
   Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

   Registered Office Address   *(MUST BE FLORIDA STREET ADDRESS)*
   7900 Nova Dr. #205

   Davie , FL **33324**

   (b) **Law Office of Leslie Cimadevilla, P.A.**
   Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

   7900 Nova Dr. #205, Davie, FL 33324
   NEW Registered Office Address:
   7900 Nova Dr. #205

   Davie , Fl. **33324**

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

Leslie Cimadevilla
Printed or typed name of signee

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

INHS18 (2/14)