

L18000088021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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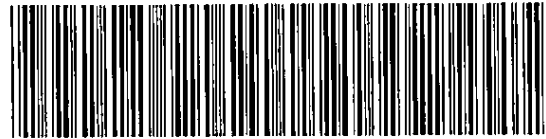
(Business Entity Name)

(Document Number)

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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 10/28/2021

Name: Eric Marciano

Reference #: 1499070

Entity Name: SILVERLINE TITLE & ESCROW, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25.00

Signature: Eric Marciano

**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: SILVERLINE TITLE & ESCROW, LLC

2. (a) <u>5404 Cypress Center Drive Suite 150</u> Principal office address of limited liability company. <i>(Note: MUST BE STREET ADDRESS)</i> <u>Tampa FL 33609</u>	(b) <u>5404 Cypress Center Drive Suite 150</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Tampa FL 33609</u>
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3. <u>April 11, 2018</u> Date of filing/registration in Florida	4. <u>L18000088021</u> Document number
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5. (a) SMITH HULSEY & BUSEY, PROFESSIONAL ASSOC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ONE INDEPENDENT DRIVE  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
SUITE 3300  
JACKSONVILLE, FL 32202

(b) COGENCY GLOBAL INC.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun St., Suite 4  
NEW Registered Office Address:  
Tallahassee, FL 32301

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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.

<u>/s/ Jim Albertelli</u> Signature of a member or authorized representative of a member	<u>Jim Albertelli</u> Printed or typed name of signee
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*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.*

/s/ Tim Mayville  
Signature of Registered Agent  
Tim Mayville, Assistant Secretary

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