## 4800/6385

| (Requestor's Name)  |
|---|
| (Address)   |
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| (City/State/Zip/Phone #)  |
| PICK-UP WAIT MAIL   |
| (Business Entity Name)  |
|   |
| (Document Number)   |
| Certified Copies Certificates of Status   |
| Special Instructions to Filing Officer:   |
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## COVER LETTER - +

| TO:    | Registration Section Division of Corporations  |                 |   |            |               |             |
|--------|--|-----------------|---|------------|---------------|-------------|
| SUBJ   | Atlas Title Agency LLC   |                 |   |            |               |             |
|        |  | me of Limited   | Liability Company   |            |               |             |
| Dear S | Sir or Madam:  |                 |   |            |               |             |
| The ei | nclosed Registered Agent/Registered Of   | Tice Change a   | and fee(s) are submitted for filing.  |            |               |             |
| Please | return all correspondence concerning the   | his matter to t | he following:   |            |               |             |
| Robe   | ert D. Wilson  |                 |   |            |               |             |
|        | Name of Person   |                 |   |            |               |             |
| Wilso  | on & Williams PA   |                 |   |            |               |             |
|        | Firm/Company   |                 |   |            |               |             |
| 954    | E Silver Springs Blvd  |                 |   | •          |               |             |
|        | Address  |                 |   |            |               |             |
| Ocal   | a FL 34470   |                 |   |            | 2018 AI       | <del></del> |
| -      | City/State and Zip Code  |                 |   | 표(*)<br>강강 | AUG 3         | 9436<br>g-m |
| kenh   | mackay@gmail.com   |                 |   |            |               | i<br>Emil   |
| 1      | E-mail address: (to be used for future an  | nual report no  | otification)  | (表)<br>国外  | <u>ڄ</u><br>پ | ا ۋ<br>چەرى |
| For fu | rther information concerning this matter   | , please call:  |   |            | ा<br>छ        | ₹.          |
| Robe   | ert D. Wilson  | 352<br>at (     | 629-9747  |            |               |             |
|        | Name of Person   |                 | Area Code & Daytime Telepho   | one Number |               |             |
|        | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |                 | MAILING ADDRESS;<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, Florida 32314 |            |               |             |
|        | Enclosed is a check for the following  | g amount:       |   |            |               |             |
|        | ☑ \$25 Filing Fee  | <u> </u>        | \$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. No                         | ame of the limited liability company: ATLAS TITL   | E AGEN  | ICY LLC                                  |   |                       |                   |                      |  |  |  |  |
|-------------------------------|--|---|--|---|-----------------------|-------------------|----------------------|--|--|--|--|
| 2. (a)                        |  |   | )  |   |                       |                   |                      |  |  |  |  |
|                               | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)   |   | ,  | Mailing address of limited liability company:<br>(Note: MAY BE POST OFFICE BOX) |                       |                   |                      |  |  |  |  |
|                               | 12046 E Hwy 25   |   | 12046 E Hwy 25  Ocklawaha FL 32179       |   |                       |                   |                      |  |  |  |  |
|                               | Ocklawaha FL 32179   |   |  |   |                       |                   |                      |  |  |  |  |
|                               | July 13, 2018  |   | L18000                                   | 163835  |                       |                   |                      |  |  |  |  |
| 3.                            | Date of filing/registration in Florida   | 4.  | <del></del>                              | Document number   | r                     |                   |                      |  |  |  |  |
| 5. (a)                        | Kenneth H. MacKay III  |   |  |   |                       |                   |                      |  |  |  |  |
| 5. (a)                        | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:   |   |  |   |                       |                   |                      |  |  |  |  |
|                               | Registered Office Address (MUST BE FLORIDA STREET) 1206 E Hwy 25   | <del>_</del>  |  |   |                       |                   |                      |  |  |  |  |
|                               | Ocklawaha  | . <u>32179</u>  | -  | _   | <b>5</b> 7            | 2018 AUG          |                      |  |  |  |  |
|                               | Kenneth H. MacKay III  Enter name of NEW Registered Agent and/or NEW Registered Office address:  |   |  |   | ASSET FL              | 31 PM             |                      |  |  |  |  |
|                               | NEW Registered Office Address:   |   |  |   |                       |                   | ب<br>n               |  |  |  |  |
|                               | 12046 E Hwy 25   |   |  | _   | 51                    | 52                |                      |  |  |  |  |
|                               | Ocklawaha Fi   | <sub>I.</sub> 32179                                       |  | _   |                       |                   |                      |  |  |  |  |
| the cha<br>agent v<br>was/wo  | imited liability company is not organized under the la<br>inge or changes are made, the Florida street address o<br>will be identical. Or, in the case of a Florida limited I<br>ere authorized by an affirmative vote of the members<br>icles of organization or the operating agreement of the | of the regis<br>iability eco<br>of the lim<br>e limited l | stered officompany, it ited liability co | ce and the business of<br>is hereby confirmed<br>ity company or as of           | office of<br>That the | the reg<br>chang  | gistered<br>e(s)     |  |  |  |  |
| Signa                         | ture of a member or authorized representative of a member  |   | Printed or typed name of signee          |   |                       |                   |                      |  |  |  |  |
| provisi<br>the obl<br>to mere | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. It in writing of this change  | e performe<br>ed för in C                                 | ince of my<br>Thapter 60                 | ' duties, ànd I am fai<br>15. F.SOr, it this de                                 | miliar wi<br>ocument  | th ana<br>is beir | l accept<br>ig filed |  |  |  |  |
| Signatu                       | re of Registered Agent   |   |  |   |                       |                   |                      |  |  |  |  |