

L18000208730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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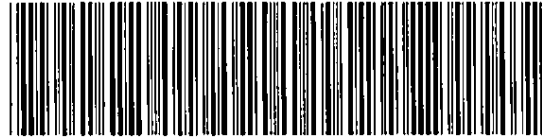
(Business Entity Name)

(Document Number)

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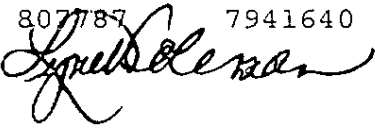
A. BUTLER

JUL 19 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 807787 7941640

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : July 15, 2022

ORDER TIME : 1:58 PM

ORDER NO. : 807787-150

CUSTOMER NO: 7941640

CHANGE OF AGENT

NAME: TITLE ALLIANCE OF THE PALM
BEACHES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

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: <u>TITLE ALLIANCE OF THE PALM BEACHES, LLC</u>	
2. (a) <u>2 Veterans Sq. 2nd Floor</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>)	(b) <u>2 Veterans Sq. 2nd Floor</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>)
<u>Media, PA 19063</u>	<u>Media, PA 19063</u>
3. <u>08/27/2018</u> Date of filing/registration in Florida	4. <u>L18000208730</u> Document number
5. (a) <u>C T CORPORATION SYSTEM</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>1200 SOUTH PINE ISLAND ROAD</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS) <u>PLANTATION, FL 33324</u>	
(b) <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> <u>Corporation Service Company</u> <u>NEW Registered Office Address:</u> <u>1201 Hays Street</u> <u>Tallahassee, FL 32301</u>	

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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/ Maria Deligiorgis</u> Signature of a member or authorized representative of a member	<u>Maria Deligiorgis, Authorized Person</u> Printed or typed name of signer
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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.

Grace E. Kirby
Signature of Registered Agent
Grace E. Kirby, Asst. Vice President of Corporation Service Company