## 121000026455

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

Office Use Only



100371275771

09/23/21--01033---009 \*\*25.00



## **COVER LETTER**

TO:		stration Section sion of Corporations										
SUBJE	ECT:	FIRST ETITLE LLC										
		Name of Limited Liability Company										
Dear S	ir or N	Madam:										
The en	closed	l Registered Agent/Registere	d Office Chan	ge and fee	e(s) are submitted for filing.							
Please	return	all correspondence concern	ing this matter	to the fol	lowing:							
Jacquel	line De	ose										
		Name of Person										
First e'l	l'itle L	LC										
		Firm/Company										
2632 N	W 431	rd St. Suite 4126										
		Address										
Gaines	ville, F	FL 32606										
		City/State and Zip C	ode									
info@f	îrstetit	le.com										
E	-mail	address: (to be used for futu	re annual repo	rt notifica	iion)							
For fur	ther in	iformation concerning this i	natter, please c	all:								
Jacquel	line Do	ose	3: at (	52	234-4590							
		Name of Person			Area Code & Daytime Telephone Number							
	Reg Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
	Encl	osed is a check for the follo	owing amount	:								
	<b>■</b> \$2	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. N	ame of the limited liability company: FIRST ETITLE	E LLC							
2. (a)		(b	)						
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing addres	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	2632 NW 43rd St, Suite 4126		2632 NW 43rd St. Suite 4126						
	Gainesville, FL 32606	Gainesvil	lle, FL 32606						
	01/11/221		L21000026	455					
3.	Date of filing/registration in Florida	4.		Document	number		••••		
5 (0)									
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Sta	te:					
	GO FOR GOLD LLC								
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	2	_					
	4706 NW 42nd St								
	Gainesville	32606 FL		-					
		-		_					
(b)				_	•	2021			
	Enter name of NEW Registered Agent and/or NEW Register		r - pro-it	77	· III				
					125 125 125 125 125 125 125 125 125 125	1021 AUG 23	,		
	NEW Registered Office Address:			_	TARY OF ST AHASSEE.		m		
	2632 NW 43rd St, Suite 4126						8		
		<u> </u>	<u> </u>	_	T S	P# 4: 00			
	Gainesville I	FL_32606		_	T.H.	9			
If the l	imited liability company is not organized under the l	nue at tha	State of El	— o <del>ri</del> da itioh	arabu oa	ı ti emak	that after the		
change	e or changes are made, the Florida street address of the	he registere	d office an	id the busine	ss office	of the	registered		
	will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members								
	icles of organization or the operating agreement of the						<b>r</b> · · -		
	) mg ()	Jacq	ucline Dose				<u> </u>		
_	tur of a member or authorized representative of a member			Printed or ty		=			
provisi the obt to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to act te performa led for in C I hereby co	in this cap ince of my hapter 60; nfirm that	acity. I furt duties, and I 5, F.S. Or, i the limited l	her agree l am fami l this doc iability c	e to cor iliar wi ument ompan	nply with the th and accept is beiny filed y has been		
Simatu	re of Registered Alent								