

L21000150593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

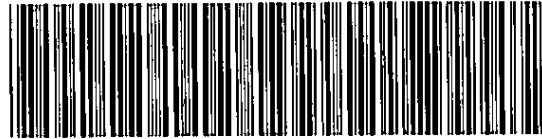
(Business Entity Name)

(Document Number)

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2021 MAY 14 AM 10:13
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emerald Point Title, 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:

Camilla Thompson

Name of Person

Emerald Point Title

Firm/Company

4597 SW Van Dyke St

Address

Port Saint Lucie, FL 34953

City/State and Zip Code

camillay.thompson@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Camilla Thompson

Name of Person

561 255-3517
at ()

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: Emerald Point Title, LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
1220 US Highway 1 Suite F
North Palm Beach, FL 33408

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Same as principal office

3. 03/31/2021 Date of filing/registration in Florida

4. 1.21000150593 Document number

5. (a) Camilla Thompson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4597 SW Van Dyke St
Port Saint Lucie, FL 34953

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
4597 S.W. Van Dyke St.
Port Saint Lucie, FL 34953

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.

Camilla Y. Thompson Signature of a member or authorized representative of a member

Camilla Y. Thompson 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.

Camilla Y. Thompson
Signature of Registered Agent