L21000526766

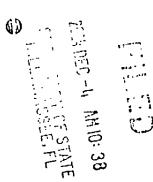
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





900440538839

12/04/24--01018--012 **25.00



COVER LETTER

Division of Corporations
SUBJECT: AperTitle Services of Florida, U.C. 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:
Prooke Landow Chang Name of Person Apex Title Services of Florida, LLC. Firm/Company 5728 Major Blvd Ste 600 Address
Orlando FL 32819 City/State and Zip Code Brooke @ Apax Title FL. NeT E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brooke Landow Chare at 407 116-3512 Area Code & Daytime Telephone Number 3
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

	A -		_		
l. Na	me of the limited liability company: After Title	Servi	<u>ies of</u>	Horida	<u>, U</u>
2. (a)				or Bluds	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	imited liability compa	•
	Orlando Fr. 32819			32819	_
	01100000	() 1 1 oct	wo I L		····
					
	12/14/2021	L21	000520	9766	
3.	$\frac{12/14/2021}{\text{Date of filing/registration in Florida}}$		ocument num		
5. (a)	Derek Sunderland				
()	Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:			
	1515 Lake Whitney Dr				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	!			
	Windermere FL 34786	····			
	, FL				
(b)	Brooke Landow Chana				
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office and	lress:			
		. .		0	
	5728 Major Blyd Ste 100 NEW Registered Office Address:	3 <u>()</u>			g: * ***
	Orlando FL 32819			i i	* 4
	() Thermo T = 30011	 -		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	f) - 4
	, FL			AH IS	[-]
If the 1	imited liability company is not organized under the laws of the S	State of Flori	da it is hereby	-11=1	ofter the
change	or changes are made, the Florida street address of the registered will be identical. Or, in the case of a Florida limited liability con	d office and t	the business of	ffice of life registe	ered
was/we	ere authorized by an affirmative vote of the members of the limicles of organization or the operating agreement of the limited lia	ted liability	company or as		
the arm			-	ou Claan	0
Signa	ture of a member or authorized representative of a member	1	Land Printed or typed no	ame of signee	
I here. provisi	by accept the appointment as registered agent and agree to act i ons of all statutes relative to the proper and complete performa	in this capac nce of my du	ity. I further a	igree to comply w familiar with and	ith the accept
the obli	ons of all statutes relative to the proper and complete performa ignions of my position as registered agent as provided for in Ci If reflect a change in the registered office address. I hereby con	haptër 605, l nfirm that th	F.S. Or, if this e limited liabil	document is bein ity company has i	ig filed been
noujie	d'in veriting of this change.				

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

Signature of Registered Agent