

L24000087092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

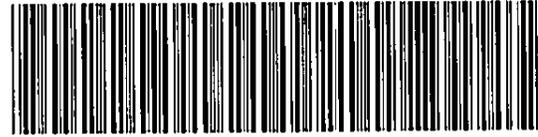
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



400426069764

2019 JUN 13 AM 9:15
STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 3:19

S. HUNT
6/27/24



CSC - Tallahassee
 1201 Hays Street
 Tallahassee, FL 32301-2607
 850-558-1500, Ext:

To: Department Of State, Division Of Corporations
 From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com
 Ext:
 Date: 03/27/24
 Order #: 1465234-2
 Re: Ideal Title & Escrow Holdings, LLC
 Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office
 Check in the amount of: \$25.00
 :120000000195
 AUTH

Please take the following action:

File on a routine basis
 Issue proof of filing
 Return evidence to the following:
 ATTN: Shauna Godbolt
 c/o Corporation Service Company
 251 Little Falls Drive
 Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

MAR 27 AM 9:15
 STATE
 TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IDEAL TITLE & ESCROW HOLDINGS, 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:

Rebecca Thomas

Name of Person

Acrisure, LLC

Firm/Company

100 Ottawa Ave SW

Address

Grand Rapids, MI 49503

City/State and Zip Code

entitymanagement@acrisure.com

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

2008 JUN 27 AM 9:15
STATE
CORPORATE
FILE

For further information concerning this matter, please call:

Rebecca Thomas at (616) 265-1734

Name of Person 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: IDEAL TITLE & ESCROW HOLDINGS, LLC

2. (a) IDEAL TITLE & ESCROW HOLDINGS, LLC (b) _____

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3505 E. FRONTAGE ROAD SUITE 100
TAMPA, FL 33607

50 JORDAN STREET SUITE 101
EAST PROVIDENCE, RI 02914

02/19/2024

L24000087092

3. 02/19/2024 Date of filing/registration in Florida

4. L24000087092 Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
COGENCY GLOBAL INC.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
115 NORTH CALHOUN STREET SUITE 4
TALLAHASSEE, FL 32301

2024 FEB 27 AM 9:15
TALLAHASSEE, FL

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

Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

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.

DocuSigned by:
John Nathan Chandler
Signature of member or authorized representative of a member

John Nathan Chandler
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.

Signature of Registered Agent