

L24000087159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

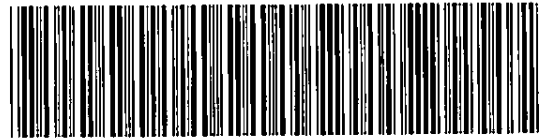
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



200426069782

2004 03 27 AM 9:26
STATE
OFFICE, FL

2004 03 27 PM 3:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

R. HUNT

03/27/04



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 #: 1465234-1
Re: Ideal Title & Escrow, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office
Check in the amount of: \$35.0
: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

2024 MAR 27 AM 9:26
DIVISION OF STATE
CORPORATIONS, FL

Special Instructions:

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IDEAL TITLE & ESCROW, 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

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STATE
CORPORATE, FL
JUN 27 AM 9:26

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

For further information concerning this matter, please call:

REBECCA THOMAS

616

265-1734

at (_____) _____

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: _____

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

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

3505 E. FRONTAGE ROAD SUITE 100

TAMPA, FL 33607

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

50 JORDAN STREET SUITE 101

EAST PROVIDENCE, RI 02914

02/19/2024

L240000871159

3. Date of filing/registration in Florida 4. 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

(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

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JAN 27 AM 9:26

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 a 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

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

FILING FEE: \$25.00

CSC COA-3517