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(Requestor's Name)							
(Address)							
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(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Cartifical Coninc Cartificator of Status							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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DEC 13 7020 LALBRITTON



CSC - WILMINGTON 251 Little Falls Drive Wilmington - De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: November 12, 2020

Order#: 500155-078

Re: TRANSOHIO RESIDENTIAL TITLE AGENCY LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX __ File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX __ Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX __ Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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. Na	ame of the limited liability company: TRANSOHIO R	ESIDEN	NTI	AL TITLE	AGENCY LLC		
2. (a)	4131 Worth Avenue	1	(b)	4131 Wor	th Avenue		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Suite 500		:	Suite 500			
	Columbus, OH 43219	_	-	Columbus	, OH 43219		
	11/17/2009		М	09000004	1544		
3.	Date of filing/registration in Florida	4.	-		Document number		
5. (a)	C T CORPORATION SYSTEM						
` '	Registered Agent and Registered Office shown on the records of	:					
	1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					2020	
	PLANTATION , FI	33324					
						Trans.	
(b)						<u>~</u> .	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>iddr</u>	<u>ess</u> :		AH 10: 22	
	Corporation Service Company						
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee	32301					
change agent v was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of the organization or the operating agreement of the	registe: ability c of the lin	red com mite	office and pany, it is ed liability	I the business office hereby confirmed the company or as other	of the registered nat the change(s)	
	Lie E Cieni				mi, Authorized Person		
I here provisi the obl to meri notified	ture of a momber or authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is d in writing of this change. Show I Kuby Tree of Registered Agent	ree to ac perforn d for in hereby c	et in nan Che conj	i this capa ce of my d apter 605, firm that ti	Printed or typed name of city. I further agree luties, and I am fami F.S. Or, if this doc he limited liability co	to comply with the	
Signatu	re of Registered Agent E. Kirby, Asst. Vice President of Corporation Service	e Comp	anv				

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