M14000005693

(Requestor's Name)					
(Address)					
(Address)					
(City/	State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

. . .

	ACCOUNT NO.	:	12000000	195			
	REFERENCE	:	861387	8415601			
	AUTHORIZATION	:	Louis	Cleran			
	COST LIMIT	:	\$ 25.00				
ORDER DATE :	July 10, 2023						
ORDER TIME :	10:25 AM						
ORDER NO. :	861387-016						
CUSTOMER NO:	8415601						
	· 						
CHANGE OF AGENT							
NAME AND ADDRESS OF THE COURT OF THE							
NAME: ATA NATIONAL TITLE GROUP, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland-sorenson							

EXAMINER'S INITIALS:

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. N	ame of the limited liability company: ATA NATIONA	AL TITLE	GROUP, LI	LC
2. (a)		(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)
	31440 NORTHWESTERN HWY., SUITE 300		31440 N	ORTHWESTERN HWY., SUITE 300
	FARMINGTON HILLS, MI 48334		FARMIN	GTON HILLS, MI 48334
	08/08/2014		M140000	05693
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records of	of the Floric	la Dept. of Sta	te:
	NATIONAL REGISTERED AGENTS, INC.			
	Registered Office Address (MUST BE FLORIDA STREET	20. Sp. 32.		
	1200 SOUTH PINE ISLAND ROAD			.; .; .; .; .; .; .; .; .; .; .; .; .; .
	PLANTATION F	33324		2023 JUL 13 Sky. 11
(b)				_
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office a	<u>ddress</u> :	PH 5: 38
	Corporation Service Company			<i>?</i>
	NEW Registered Office Address:			_
	1201 Hays Street			
	Tallahassee F	32301		
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited leave authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne register liability co of the lin e limited	ed office ar ompany, it i nited liabilit liability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in appany.
/5		<u> 10</u>	HN BOMMA	ARITO, AUTHORIZED PERSON
_	aure of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, if it writing of this change.	zree to ac e perform ed for in e I hereby c	t in this cap ance of my Chapter 60: confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	Thace CKND1	GRACE	E E. KIRBY	'. ASST. VICE PRESIDENT

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