pg 1 of 4

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000222274 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC REGISTERED AGENT CHANGE TITLE CLEARING & ESCROW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00



Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: TITLE CLEARING & 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:

Enclosed is a check for the following amount:

Margot Mullin	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	······································
Austin, TX 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual rep	
Margot Mullin	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

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.

rioria	<i>u</i> .	~. ~ . ~ ~.				00147		
1. Na	ame of the limited liability company:	IIILE CL	.EA	RING	& ESC	ROW, I	LLC	
2. (a)			. (!	o)				
2. (4)	Principal office address of limited liab		• `			of limited liabili		
	(Note: MUST BE STREET AD			0100		BE POST OFFI ACIDIAL		
	6102 S. MEMORIA	LDRIVE	_			/ORIAL	חט	
	TULSA, OK 74133			TULS	SA, OK	74133		
	9/19/2017			M1700	08000)19		
3.	Date of filing/registration in	Florida	4.		Document n	umber		
5. (a)	InCorn Services							
., (4)	Registered Agent and Registered Office shows	on the records of th	e Florid	a Dept. of State	: ::			
	17888 67th Court N	lorth						
	Registered Office Address (MUST BE FL	ORIDA STREET AL	DDRES	<u>S)</u>	•	(A) . [7]	23	
						i Ž	59	
	Loxahatchee	. FL.	334	70	•	CRETARY OF STATE	2019 JUL 24	11
					•	A	÷	goars.
(b)	Registered Agent S	olutions,	Inc		-	SE	70	
•	Enter name of NEW Registered Agent and/o	NEW Registered ()Mce a	ddress:		The second second	<u>-</u>	
	4EE Office Plaza D	•				ر الم <u>ر</u>	6.4	
	155 Office Plaza Di	•			-	· · п	9	
	NEW Registered Office Address:							
	Suite A				_			
	Tallahassee	, FL.	323	01	_			
10.1		and sender the leve		a State of Ele	veida it ie ho	vahy cantirm	ed that	after
the ch	limited liability company is not organizange or changes are made, the Florida	street address of t	the reg	istered office	e and the bus	siness office o	a the re	gistereu
944401	will be identical. Or, in the case of a F ere authorized by an affirmative vote of	londa limited hal	hility (sompany, il i	s nereby con	mrmea macm	e cranis	30(3)
the art	ticles of organization or the operating a	greement of the l	imited	liability con	npany.		•	
	Dax Junker		D	ax Junke		Manag	ď	
_	ature of a member or authorized representative					ed name of sign		
provis the ob- to mer	eby accept the appointment as register sions of all statutes relative to the prop digations of my position as registered of rely reflect a change in the registered of all in writing of this change.	er and complete pagent as provided office address, I h	re to a perfori I for in ereby	et in this cap nance of my Chapter 60: confirm that	acity. I furth duties, and I 5. F.S. Or, if the limited l	her agree to c am familiar this documer iahility compo	omply v with an it is bei iny has	vith the d accept ng filed been
<u>H</u>	Mackenzie Hart, A	22 Secietaly						
oignat	me of veginered whene							