

12/15/21 5:00 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****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
NCC GROUP ESCROW ASSOCIATES, LLC**

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

2021 DEC 16 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC 16 PM 1:48

FILED

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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: NCC Group Escrow Associates LLC

2. (a) _____ (b) _____

Principal office address of limited liability company

Mailing address of limited liability company

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

650 California St, Ste 2950

650 California St, Ste 2950

San Francisco, California, 94108

San Francisco, California, USA, 94108

01-31-2019

M19000001302

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

C T CORPORATION SYSTEM

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

Plantation, FL 33324

(b) _____

Enter name of NEW Registered Agent and/or NEW Registered Office address

LEGALINC CORPORATE SERVICES INC.

NEW Registered Office Address

5237 SUMMERLIN COMMONS BLVD. SUITE 400

FORT MYERS, FL 33907

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.

Nick Rowe

Nick Rowe

Signature of a member or authorized representative of a member

Printed or typed name of signer

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