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PICK-UP W	AIT MAIL						
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## COVER LETTER

TO: Registration Section Division of Corporations	·
Aegis Title Partners, LLC SUBJECT:	
	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 t	natter to the following:
Matthew M. Jones	
Name of Person	
Aegis Title Partners, LLC	
Firm/Company	
5176 Queen Victoria Ln	
Address	<del></del>
Kalamazoo MI 49009	
City/State and Zip Code	
mjones@aegistitle.com	
E-mail address: (to be used for future annua	1 report notification)
For further information concerning this matter, pl	ease call:
Matthew M Jones	269 2172022 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 an	nount:
<b>■ \$</b> 25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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	me of the limited liabi	ity company: Aegis Title Partner	s, LLC				
2	(a)	5176 Queen Victoria Li	, , ,	(I	5176 (	Queen Victoria Ln		
<u>.</u> .	(41)	• •	lress of limited liability company:  TBE STREET ADDRESS)	_ ''	,,	-	of limited liability com BE POST OFFICE B	
		Kalamazoo, MI 49009			Kalam	azoo, MI 49009		
		09/01/2021		_	M21000	011584		
3.		Date of filing	/registration in Florida	4.		Document nu	umber	
5.	(a)	UNITED STATES CO	RPORATION AGENTS, INC.					
σ.	()	Registered Agent and Regi 5575 S SEMORAN BI	stered Office shown on the records of the NO SUITE 36	ie Florid	ı Dept. of	State:		
		Registered Office Address	(MUST BE FLORIDA STREET A	DDRES:	ភ		9999	
		ORLANDO	, F1	32822			STALLAHASSI FIT	**************************************
	(b)	Janet Mercado			<del></del>		PA	
		Enter name of NEW Regis	tered Agent and/or NEW Registered (	Office ad	dress:			Trace!
		1415 Panther Lane					-: 19	
		NEW Registered Office A	ddress:					
		Suite 230						
		Naples	, FI	34109				
ch: age wa	ange ent w s/we	or changes are made, to vill be identical. Or, in the authorized by an aff	y is not organized under the law he Florida street address of the r the case of a Florida limited lial irmative vote of the members of the operating agreement of the l	register offity co Tthe fin imited [	ed office ompany, nited liab	and the business it is hereby confi oility company or company.	s office of the regis irmed that the char	stered ige(s)
- 5	Signat	ure of a member or authorize	ed representative of a member			Printed or type	ed name of signee	<del>-</del>
pro tho	ovisi obl merc	by accept the appointment on sof all statutes relating attions of my position by reflect a change in this characters.	ent as registered agent and agre ive to the proper and complete p as registered agent as provided he registered office address, I ho ge.	e to act perform for in ( ereby c	in this cance of r Chapter Onfirm th	capacity. I furthe ny duties, and I a 605, F.S. Or. if t hat the limited lia	er agree to comply am familiar with an his document is be ability company ha.	with the id accept ing filed s been
7Si;	gnatu	re of Registered Agent	ead U					
		Div	ision of Corporations• P.O. B FILING FI			ihassee, FL 3231	14	