## M210000 11584

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## COVER LETTER

TO: Registration Section Division of Corporations					
Aegis Title Partners, LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and	I fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the	following:				
Matthew M. Jones					
Name of Person					
Aegis Title Partners, LLC					
Firm/Company					
619 Huron Ave					
Address					
Port Huron, MI 48060					
City/State and Zip Code	<del></del>				
mjones@aegistitle.com					
E-mail address: (to be used for future annual report noti	fication)				
For further information concerning this matter, please call:					
Matthew M. Jones 269	2172022				
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 amount:					
■ \$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. N	ame of the limited liability company: Aegis Title Pa	rtners, LLC		
2. (a)	5176 Queen Victoria Ln. Kalamazoo Ml 49009	(b) 619 Hum	(b) 619 Huron Ave. Port Huron MI 48060	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3. 5. (a	Date of filing/registration in Florida  Janet Mercado	M71	OWO 1 584  Document number	
	Registered Agent and Registered Office shown on the records 1415 Panther Lane	s of the Florida Dept. of Sta	nte:	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)		
	Naples	FL 34109	2023 APR SECRETALL S	
K (b)	Leslie L. Tetterton		The second second	
المستنب	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 1415 Panther Lane	ered Office address	PH 2: 34	
	NEW Registered Office Address:	·· <del>-</del> ·		
	Suite 230		_	
	Naples,	FL	_	
chang agent was/v the ar	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited there authorized by an affirmative vote of the member iteles of organization or the operating agreement of	the registered office at I liability company, it rs of the limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.  The confirmed that the change (s) ity company or as otherwise provided in inces, CEO	
I here provis the ob- to me	ature of thember or authorized representative of a member of the appointment as registered agent and tions of all statutes relative to the proper and complifications of my position as registered agent as proved, reflect a change in the registered office address of in writing of this change.	ete performance of my	dulies, and Lam familiar with and accept	
Signal	ure of Registered Agent		EL 22214	