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(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP		MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
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2020 NOV 16 PM 4: 35 SECRETARY OF STATE

12/24/20



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: November 12, 2020

Order#: 500155-065

Re: M/I TITLE AGENCY LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX __ File in your office on a routine basis.

XX Issue Proof of Filing.

XX_ _ Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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	ame of the limited liability company: M/I TITLE AC	GENCY,	LTD	. L.C.	
2. (a)	4131 Worth Avenue		(b)	4131 Worl	th Avenue
₽, (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 500			Suite 500	
	Columbus, OH 43219			Columbus	, OH 43219
	09/29/1997		1	и97000000	649
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	C T CORPORATION SYSTEM				
J. (u)	Registered Agent and Registered Office shown on the records	s of the Flo	rida	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDR	ESS)		
	PLANTATION	FL_3332	24		
(b)					202 SEI T
	Enter name of NEW Registered Agent and/or NEW Register	red Office	add	ress:	ALLU NON I
	Corporation Service Company				FIL 2020 NOV 16 SECRETARY TALL AHA
	NEW Registered Office Address:				
	1201 Hays Street				SECTION OF
	Tallahassee	FL 3230)1		### 35 ## 35
change agent v was/w	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	the regis I liability rs of the the limite	cor limi	d office and npany, it is ted liability ability com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
- 0:	Xie E. Coni	_	Jill C		rized Person
I here provisi the obi	ture of a member or authorized representative of a member by accept the appointment as registered agent and cions of all statutes relative to the proper and completing of my position as registered agent as proviety reflect a change in the registered office address, d in writing of this change.	agree to ete perfo ided for i , I hereb	act i rma n C. v coi	n this cana	Printed or typed name of signee city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
	ire of Registered Agent E. Kirby, Asst. Vice President of Corporation Serv				

FILING FEE: \$25.00