

PC2000087423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

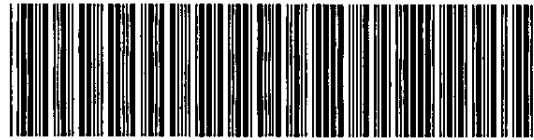
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200267252732

12/17/14--01016--017 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 17 PM 2:27

C.L.
12-23-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIRST FLORIDA TITLE GROUP, INC
Name of Corporation

DOCUMENT NUMBER: P02000087423

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEREMY D. LEVINE
Name of Contact Person

Firm/Company

1200 BRICKELL AVE PH 2000
Address

MIAMI FL 33131
City/State and Zip Code

JEREMY @ LEVINE LAW OFFICES.
E-mail address: (to be used for future annual report notification) com

For further information concerning this matter, please call:

NINA McCORMICK at (305) 446-7674
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FIRST FLORIDA TITLE GROUP INC
2. The principal office address: 1200 BRICKELL AVE PH 2000
MIAMI, FL 33131
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/13/02 Document number: P02000087423

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

JEREMY D. LEVINE
2701 SOUTH BAYSHORE DR STE 602
MIAMI, FL 33133

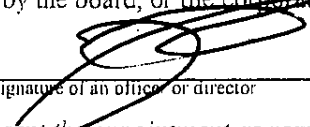
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

JEREMY D. LEVINE
1200 BRICKELL AVE PH 2000
P.O. Box NOT acceptable
MIAMI, FL 33131

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 17 PM 2:27

The street address of its registered office and the street address of the business office of its registered agent
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

JEREMY D. LEVINE, PRES.

Printed or typed name and title

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 obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *