

PO5000054765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

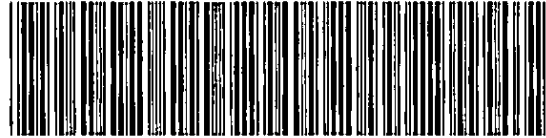
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 29 2017

T. L. PATEL

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Esquire Title and Trust, Inc.

Name of Corporation

DOCUMENT NUMBER: P05000054765

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:

Jeff Neace

Name of Contact Person

Firm/Company

42 Torcido Blvd

Address

St Augustine, Florida 32095

City/State and Zip Code

jeffesq22@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Neace

Name of Contact Person

904 703-7116

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: Esquire Title and Trust, Inc.
2. The principal office address: 42 Torcido Blvd. St Augustine, Florida 32095
3. The mailing address (if different): PO Box 56512, Jacksonville, Florida 32241
4. Date of incorporation/qualification: 04/13/2005 Document number: P05000054765
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)

Law Office of Jeffrey S. Neace, P.A.

9310 Old Kings Road, Suite 404

Jacksonville, FL 32257

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

Jeff Neace

42 Torcido Blvd

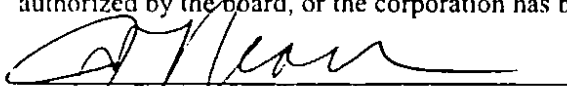
P.O. Box NOT acceptable

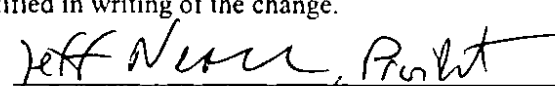
St Augustine, FL 32095

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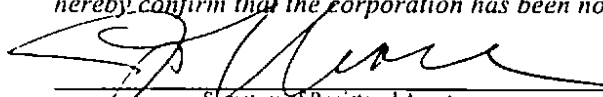
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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


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

11/15/2017
Date

If signing on behalf of an entity:


Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)