

P16000003712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

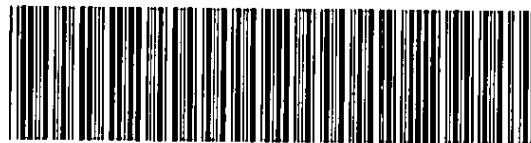
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

4085- Corp on LP form

Office Use Only



200358993822

02/01/21--01015--021 \*\*35.00

02/01/21 15:00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2021

ELIZABETH ALVAREZ  
4585 PONCE DE LEON BLVD APT 501  
CORAL GABLES, FL 33146

SUBJECT: TITLE CLOSING ASSOCIATES, INC.  
Ref. Number: P16000003712

We have received your document for TITLE CLOSING ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 821A00005692

RECEIVED

2021 APR -9 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FL

*Done,  
Elizabeth  
Always  
4-5-21.*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Title Closing Associates, Inc.  
Name of Corporation

DOCUMENT NUMBER: P16000003712

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:

Elizabeth Alvarez

Name of Contact Person

Title Closing Associates, Inc.

Firm/Company

4585 Ponce de Leon BLVD., Apt. 501

Address

Coral Gables, FL. 33146

City/State and Zip Code

E-mail address: (to be used for future annual report notification) elizabethralvarez67@gmail.com

For further information concerning this matter, please call:

Elizabeth Alvarez

Name of Contact Person

at ( 305 ) 753-9270

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: T.H.C. Closing Associates, Inc
2. The principal office address: 13820 SW 106 Street  
MIAMI, FL 33186
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/11/2016 Document number: P14000003712
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)

Elizabeth Alvarez  
13820 SW 106 Street  
Miami, FL 33186

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

Elizabeth Alvarez  
4585 Ponce de Leon BLVD, Apt. 501  
P.O. Box NOT acceptable  
Coral Gables, FL 33146

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.

Elizabeth Alvarez  
Signature of an officer or director

Elizabeth Alvarez  
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.*

Elizabeth Alvarez  
Signature of Registered Agent

4-5-21  
Date

If signing on behalf of an entity:

Elizabeth Alvarez  
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 (04/13)