## PISOCIC 65383

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)-		
(Document Number)		
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## **COVER LETTER**

Amendment Section

TO:

Division of Corporations SUBJECT: Title Clerk Services, Inc. Change of Registered Agent Name of Corporation DOCUMENT NUMBER: P18000065383 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: William D. Towler Name of Contact Person Title Clerk Services, Inc. Firm/Company 8481 NW 39TH CIR Address GAINESVILLE FL 32653-0082 City/State and Zip Code bill@titleclerkservices.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William D Towler

Name of Contact Person

(239) 989-814

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

CR2E045 (04/13)

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

statement of change is submitted for a corporation orga- in order to change its registered office or regis	mized under the laws of the State of Florida	
1. The name of the corporation: Title Clerk Services, Inc.		
2. The principal office address: 8481 NW 39TH CIR, GA	INESVILLE FL 32653-0082	
3. The mailing address (if different):	<u> </u>	
4. Date of incorporation/qualification: 07/30/2018	Document number: P18000065383	
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign	•	
Jodi L. Towler		
8481 NW 39TH CIR		
GAINESVILLE, FL 32653-0082		
6. The name and street address of the new registered ag (if changed):	ent (if changed) and /or registered office	
Keleigh Leane Dance		
1409 Southwood Plantation RD, STE 72	1409 Southwood Plantation RD, STE 7202	
P.O. B Tallahassee, FL 32311-3231	ox NOT acceptable	
The street address of its registered office and the stree as changed will be identical.	t address of the business office of its registered agent,	
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n	ed by its board of directors or by an officer so otified in writing of the change.	
William Strulen	William D. Towler, Secretary, Treasurer	
Signature of an officer or director	Printed or typed name and title	
I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all sta of my duties, and I am familiar with and accept the ob document is being filed merely to reflect a change in t corporation has been notified in writing of this chang	nd agree to act in this capacity. tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the e.	
Heleigh Lance	5/1/2023	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Typed or Printed Name	EE: \$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)