## P97000103041

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to raining Officer.

Office Use Only



700372044387

08/28/31--01019--001 \*\*595.00



A. Butter

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: LAWYERS LAND TITLE COMPANY						
Name of Corporation						
DOCUMENT NUMBER: P97000103041						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter	r to the following:					
Damaso W. Saavedra						
Name of Contact Person						
Saavedra-Goodwin						
Firm/Company						
888 S.F. 3rd Avenue						
Address						
Fort Lauderdale, Florida 33316						
City/State and Zip Code	<del></del>					
dpazo@saavlaw.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
deanna Pazo	at (954 )767-6333  Area Code & Daytime Telephone Number					
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	Street Address:					
	Amendment Section					
Division of Corporations	Division of Corporations					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

Pursuant to the provisions of sections statement of change is submitted for a in order to change its registe	a corporation organ	nized under the law:	s of the State of $\frac{F}{F}$	lorida	this	
1. The name of the corporation: LAW		•				
2. The principal office address: 888 SF			Florida 33316		<del></del>	
3. The mailing address (if different):						
4. Date of incorporation/qualification	: 12/05/1997	Document no	ımber: <u>P9700010.</u>	3041		
5. The name and street address of the Florida Department of State: (If res	_		office on file wit	th the		
Saavedra, Damaso W	, Esq.			_		
312 S.E. 17TH STRE	ET, SECOND FLO	OR FORT LAUDER	DALE, FL 33316			
					202	
6. The name and street address of the (if changed):	new registered age	nt (if changed) and	or registered off	ice	2021 AUG 26	- 6, + 2 4 23 4 23 4 24 5
Saavedra, Damaso W	, Esq.			<b>第</b> 呈	န္း သူ	<u>₹</u>
888 S.E 3rd Avenue,	Suite 500 Fort Laude	erdale Florida, 33316	5		က်	£
	P.O. Bo	x NOT acceptable			9	
The street address of its registered o as changed will be identical.	ffice and the street	address of the bus	iness office of its	s registe	ered ag	ent,
Such change was authorized by reso authorized by the beard, or the corpo	lution duly adopted oration has been no	d by its board of di otified in writing of	rectors or by an of the change.	officer.	so	
Signature of an officer or director		Printer	or typed name and tit		Vec	<u>Ir</u> c
I hereby accept the appointment as if further agree to comply with the proof my duties, and I amifamiliar with document is being filed merely to recorporation has been hotified in wri	registered agent an rovisions of all stat and accept the obl flect a change in th ting of this change	nd agree to act in the lutes relative to the ligation of my position eregistered office	his capacity. proper and com non as registered address, I hereb	plete po Lagent. Sy confi	erform Or, if rm thai	ance this t the
		8-18-	<u> </u>			
Signific of Registered Agent  If signing on behalf of an entity:			Date			
Typed or Printed Name	<del></del>					

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