## 567142

(Re	questor's Name)	
(04	dress)	
(Au	aless)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: Promulgated + Title and Escrow, Inc. Name of Corporation DOCUMENT NUMBER: S67142 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: Dean R. Halper Name of Contact Person Promulgated + Title and Escrow, Inc. Firm/Company 258 SE 6th Avenue, Suite 3 Delray Beach, FL 33483 City/State and Zip Code DHalper@mirskyandhalper.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dean R. Halper Name of Contact Person

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: Promulgated + Title and Escrow, Inc.		
2. The principal office address: 525 SE 6th Avenue, Suite B		
Delray Beach, FL 33483		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 1/15/91 Document number: S6712		
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)		
Dean R. Halper, Esquire		
525 SE 6th Avenue, Suite B		
Delray Beach, FL 33483		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Dean R. Halper, Esquire		
258 SE 6th Avenue, Suite 3		
P.O. Box NOT acceptable  Delray Beach, FL 33483		
The street address of its registered office and the street address of the business 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.		
Dean R. Halper, President  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, it 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.		
November 1, 2019 Signature of Registered Agent  Date		
If signing on behalf of an entity:		
Dean R. Halper		
Typed or Printed Name		

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

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