7401000000864

ACCOUNT NO. :

072100000032

REFERENCE : 532810

AUTHORIZATION

ORDER DATE: April 17, 2002

ORDER TIME: 3:0 PM

ORDER NO. : 532810-040

CUSTOMER NO: 53500B

CUSTOMER: Ms. Suzanne M. Benevenga

Fiserv Joint Venture, Inc.

255 Fiserv Drive

Brookfield, WI 53045

CHANGE OF AGENT

NAME: ILS TITLE AGENCY, LLC

200005501722-0

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or boin, in the State C	n rioriaa.				
1. The name of the limited	liability company is:	ILS-TITLE	AGENCY, LLC	<u> </u>	
2. The mailing address of the	he limited liability co	ompany is: $\underline{3}$	1 Inwood	Road.	
5	•	Roc		06007	
		1101			
04/18/2001 M01000000864 3 Date of filing/registration in Florida 4. Document number					
3. Date of filing/registration	n in Florida		4. Document nume	CI	
5. The name of the registere Florida Department of St	ed agent and the regi- ate:	stered office a	ddress as shown on	the records of the	
_	CT CORI	PORATION SYS	STEM		
		Name			
-	1200 SOUTE	Address	ID ROAD		
_		TION, FL 33		02 TAE	
	City	, State and Zij	TO #		
6. The name and address of	the new registered a	agent and/or o	ffice:	FIL Y-9 HASS	
_	ΤΠ-			LU	
		Name		AH 10: 04 OF STATE E, FLORID	
-		Hays Street			
	Florida street addre	ss (P.O. Box I	NOT acceptable)	DE: F	
_	Tallahassee	FL	32301		
	City,	State and Zip			
If the limited liability components confirmed that after the charand the business office of the liability company, it is here the members of the limited the operating agreement of (Signature of a member of authorize	ange or changes are the registered agent veby confirmed that the liability company of the limited liability	nade, the Flor vill be identicate change(s) we r as otherwise company.	ida street address of al. Or, in the case of as/were authorized	f the registered office f a Florida limited by an affirmative vote of	
LESLIE J. HOWLET, III (Printed or typed name of signee)			i we meet it.		
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to		agent and agr ve to the prop ons of my posit g filed to mere lity company l	ee to act in this cap er and complete per tion as registered as ly reflect a change has been notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.	
(Signature of Registered Agent)	is, as its againt		-		
Division	n of Cornerations	P () Roy 632	7 Tallahassee, FI.	32314	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 3231

FILING FEE: \$25.00