

M03000003499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

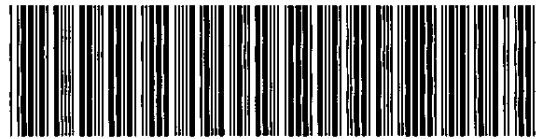
(Business Entity Name)

(Document Number)

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08 DEC 29 PM 4:35  
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TALLAHASSEE, FLORIDA

B. KOHR  
DEC 30 2008  
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 835542 158568A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

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08 DEC 29 PM 4:35  
TALLAHASSEE, FLORIDA

ORDER DATE : December 22, 2008

ORDER TIME : 10:09 AM

ORDER NO. : 835542-004

CUSTOMER NO: 158568A

CHANGE OF AGENT

NAME: EQUIFAX SETTLEMENT SERVICES  
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS: \_\_\_\_\_

**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.

1. Name of the limited liability company: EQUIFAX SETTLEMENT SERVICES LLC

2. (a) Principal office address of limited liability company: 420 Rouser Road, Bldg. 3, 5th Floor  
Coraopolis, PA 15108  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: 420 Rouser Road, Bldg. 3, 5th Floor  
Coraopolis, PA 15108  
*(Note: MAY BE POST OFFICE BOX)*

10/20/2003

3. Date of filing/registration in Florida

M03000003499

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: C T Corporation System

Registered Office Address: 1200 South Pine Island Road  
Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street  
*(MUST BE FLORIDA STREET ADDRESS)*  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
(Signature of a member or authorized representative of a member)

STEVEN STRIDE, MANAGER  
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: [Signature]  
(Signature of Registered Agent) Sylvia Oueppet, Asst. VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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