

1705000006884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

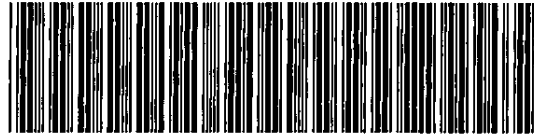
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FNF Capital, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra Burgess
(Name of Person)

Fidelity National
(Firm/Company)

601 Riverside Avenue
(Address)

Jacksonville FL 32204
(City/State and Zip Code)

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For further information concerning this matter, please call:

Debra Burgess at (904) 854-3858
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: FNF Capital, LLC
2. Jurisdiction of its organization: California
3. Date authorized to do business in Florida: 12/13/2005

SECTION II (4-7 complete only the applicable changes)


4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 01/08/2007
5. New name of the limited liability company: Fidelity National Capital, LLC
6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

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Signature of a member or the authorized representative of a member

Todd C. Johnson, Senior VP and Secretary of
Typed or printed name of signee

FNF Capital Leasing, Inc.,
Member
Filing Fee: \$25.00

State of California
Secretary of State

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TALLAHASSEE FLORIDA

CERTIFICATE OF FILING
OF NAME CHANGE

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **8th day of January, 2007**, there was filed in this office an amendment whereby the Limited Liability Company name of **FNF CAPITAL, LLC**, a(n) **California** limited liability company, was changed to: **FIDELITY NATIONAL CAPITAL, LLC**.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 14, 2007.



Debra Bowen

DEBRA BOWEN
Secretary of State

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