L16000052347

(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:							

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MINISTER FOR AMERICAN

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DEC 29 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Spencer Boyden spencer.boyden@cscglobal.com

Date: December 27, 2017

Order#: 973407/011

Re: A360 TITLE INFORMATION SOLUTIONS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Spencer Boyden c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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. N	lame of the limited liability company: A360 TITLE IN	FORMATI	ON SOLU	TIONS LLC			
2. (a)	3000 KELLWAY DR.	(b)	1715 N	. WESTSHORE BLVD #600			
- . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)				
	SUITE 110			<u>-</u>			
	CARROLTON TX 75006	<u> </u>	TAMPA	FL	33607		
	03/16/2016	<u>. </u>	L1600005	52347			
3.	Date of filing/registration in Florida	4.		Document n	umber		
5. (a	C T CORPORATION SYSTEM						
(b)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept, of Stati	- e:			
	1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	 _	-			
	Medical Medica	TO D KELLOY					
				_			
	PLANTATION , FL	33324					
				-			
	Corporation Service Company				<u>≥</u> 200	17	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	=		Q	
					53)330	<u> </u>
	1201 Hays Street				<u>いま</u> ご	29	Γ ΄΄ ,
	NEW Registered Office Address:				7	72	***
						بب	~# <u>*</u>
				-	Ö F	w	
	Tollohorassa	20204			<i>2</i> ₹	മ	
	Tallahassee , FL	32301		-			
the chagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regist ability con of the limit	ered office npany, it is ed liability	e and the busi s hereby conf y company or	iness office irmed that t	of the he cha	registered ange(s)
	ature of member or authorized representative of a member	Jill Ci	lmi, AUTH	IORIZED PER	RSON		
Signature of (member or authorized representative of a member				Printed or typed name of signee			
попуш	eby accept the appointment as registered agent and agr tions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.					comply with cent is became his	y with the and accept being filed as been
C:	ure of Registered Agent Corporation Service Company	DV 65	A CIP P	ZIDDIZ (C	070 1.10		
Signat	ure of registered Agent Corporation Service Company	BY: GR	AUE E. I	KIRBY ASS	STVP		