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| (Requestor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| (BC | usiness Entity Na | me) | | |
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| Contilled Control | Cadillanta | a of Chabus | | |
| Certified Copies | _ Ceminicate | s or Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
AHASSEE FLORIDA

K. SALY JAN 1 9 2017

COVER LETTER

INHS18 (2/14)

| то: | Registration Section Division of Corporations | | | | |
|---|--|----------------------|---|--|--|
| SUBJE | CJ National Title, LLC | | | | |
| | Name of Limited Liability Company | | | | |
| Dear Si | Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| Sherry | y Pine, CFO | | .7 | | |
| | Name of Person | · | • | | |
| CJ Na | ational Title, LLC | | | | |
| | Firm/Company | | - | | |
| 2023 | East 7th Avenue | | | | |
| | Address | • | - | | |
| Tamp | a, Florida 33605 | | | | |
| | City/State and Zip Code | | ··· | | |
| sherry | /@cjnationaltitle.com | | | | |
| E- | -mail address: (to be used for future annual | report notific | ation) | | |
| For further information concerning this matter, please call: | | | | | |
| Sherry | y-Pine, CFO | 813 | 200-6199 | | |
| | 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 | Regi Divi P.O. | stration Section sion of Corporations Box 6327 ahassee, Florida 32314 | | |
| | Enclosed is a check for the following amount: | | | | |
| | □ \$25 Filing Fee | 2 \$55 | Filing Fee & Certified Copy | | |

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. Na | ame of the limited liability company: CJ National | Title, LLC | |
|--|--|---|---|
| 2. (a) | CJ National Title, LLC | (b) CJ N | ational Title, LLC |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 2023 East 7th Ave | 2023 | East 7th Ave |
| | Tampa, FI 33605 | Tamp | pa, Fl 33605 |
| | 01 /07 / 2015 | L1500 | 0003641 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | C T Corporation | | |
| J. (α) | Registered Agent and Registered Office shown on the records of | fthe Florida Dept. of | State: |
| | C T Corporation | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | |
| | 1200 South Pine Island Road | | TAN SI |
| | Plantation, FI | 33324 | ZUIT JAN 17 SEGRETAR |
| , (b) | Jason Shapiro | | |
| ; (-) | Enter name of NEW Registered Agent and/or NEW Registered | d Office address: | |
| | Jason Shapiro | | FLORID |
| | NEW Registered Office Address: | | |
| | 2023 East 7th Avenue | | |
| | Tampa , FI | _33605 | |
| the cha agent v was/wa | imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | f the registered of iability company, of the limited liab e limited liability of | ffice and the business office of the registered it is hereby confirmed that the change(s) willty company or as otherwise provided in |
| Signa | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| I here provisi the obl to mer notified | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide dy reflect a change in the registered office address, I d in writing of this change. | ree to act in this of performance of i ed for in Chapter hereby confirm th | capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been |
| Signatu | re of Registered Agent | | |