

M03000003498

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RESIDENTIAL FACILITATORS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

K. SALLY
EXAMINER

JUN 20

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Residential Facilitators, 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:

April L. Johnson

Name of Person

Black Knight Financial Services

Firm/Company

601 Riverside Avenue

Address

Jacksonville, FL 32204

City/State and Zip Code

april.johnson@bkfs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April L. Johnson

Name of Person

at (904) 854-5256
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

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Residential Facilitators, LLC

Enter new principal office address, if applicable: 275 West Natick Road

(Principal office address
MUST BE A STREET ADDRESS)

Warwick, RI 02886

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M03000003498

3. Jurisdiction of its organization: Pennsylvania

4. Date authorized to do business in Florida: 10/20/2003

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Liberty Title & Escrow Company, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

Alternate Name: Liberty Closing & Escrow, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

City, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

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2016 JUN 17 AM 6:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

The MBR- ATM Holdings, LLC has been removed and replaced with FNTS Holdings, LLC as indicated below:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	FNTS Holdings, LLC	601 Riverside Ave. Jacksonville, FL 32204	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MBR	ATM Holdings, LLC		<input type="checkbox"/> Add
		1400 Cherrington Pkwy, Moon Township PA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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.



Signature of the authorized representative

Michael L. Gravelle

Typed or printed name of signer

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

June 16, 2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY, That from an examination of the indices and Records of this Department, it appears that a Certificate of Amendment was filed pursuant to the laws of the Commonwealth of Pennsylvania on May 12, 2016, for RESIDENTAL FACILITATORS, LLC, a Pennsylvania limited liability company, organized July 2, 2003, whereby the organizations name was changed to Liberty Title & Escrow Company, LLC.

I DO FURTHER CERTIFY, That this shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written:

Pedro A. Contes

Secretary of the Commonwealth

Certificate Number: [TCO180816UZ0508]-1

Verify this certificate online at <https://www.corporations.pa.gov/order/verify>

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIBERTY TITLE & ESCROW COMPANY, LLC
a Pennsylvania limited liability company

WRITTEN CONSENT OF THE SOLE MEMBER

June 15, 2016

The undersigned, being the Sole Member of Liberty Title & Escrow Company, LLC, a Pennsylvania limited liability company (the "Company"), hereby consents to and adopts the following resolutions:

Alternate Name – Liberty Closing & Escrow, LLC

RESOLVED, that the establishment on June 15, 2016, of the alternate name to be utilized in the state of Florida in the name of Liberty Closing & Escrow, LLC, by Liberty Title & Escrow Company, LLC is hereby ratified and approved.

RESOLVED FURTHER, that the proper officers of the Company be, and they hereby are, authorized and directed to take such actions as may be necessary or appropriate to implement the alternate name of Liberty Closing & Escrow, LLC, including but not limited to appointing officers of the alternate name and executing agreements in the alternate name of Liberty Closing & Escrow, LLC.

IN WITNESS WHEREOF, the undersigned, being the Sole Member of Liberty Title & Escrow Company, LLC, has executed this written consent.

FNTS Holdings, LLC
a Delaware limited liability company
its Member

By: _____

Michael L. Gravelle
Executive Vice President,
General Counsel and Corporate Secretary