M03000003499

(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ле)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



500139207515



B. KOHR
DEC 3 0 2008

EXAMINER





ACCOUNT	NO.	:	07210000003	2
---------	-----	---	-------------	---

REFERENCE: 835542 158568A

OBDEC 29 PM 4: 35

AUTHORIZATION : Open Comment

COST LIMIT : \$ 25.00

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: <u>EQUIFAX</u>	SETTLEMENT SERVICES LLC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 420 Rouser Road, Bldg. 3, 5th Floor Coraopolis, PA 15108
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	420 Rouser Road, Bldg. 3, 5th Floor Coraopolis, PA 15108 M03000003499 4. Document number the records of the Florida Dept. of State:
10/20/2003	M03000003499
3. Date of filing/registration in Florida	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 NE	W 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 that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company. (Signature of a member of authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is
STEVEN STRIDE MANAGER (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the promotion of all statutes relative to the promotion of any position of any position of this document is being filed to merely reflect a confirm that the limited liability company has been notified to provide the corporation sorvice to make the limited liability.	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.

(Signature of Registered Agent) Sylvia Queppet, Asst. VP

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

FILING FEE: \$25.00