

M03000007495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

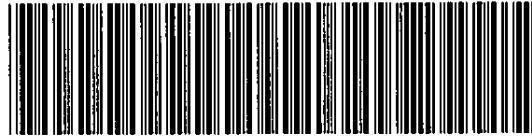
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900274424679

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
REGISTRATION  
15 JUN 29 PM 4:24  
TALLAHASSEE, FLORIDA  
SUFFICIENCY OF FILING

FILED  
15 JUN 29 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

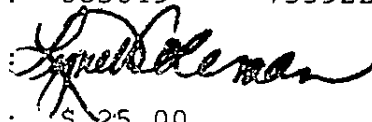
JUN 30 2015  
J SHIVERS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 683649 7539224

AUTHORIZATION



COST LIMIT : \$ 25.00

ORDER DATE : June 25, 2015

ORDER TIME : 3:46 PM

ORDER NO. : 683649-~~005~~040

CUSTOMER NO: 7539224

FOREIGN FILINGS

NAME: SOLUTIONSTAR SETTLEMENT  
SERVICES LLC

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 62940

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Solutionstar Settlement Services 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ( )

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 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: Solutionstar Settlement Services LLC
2. The Florida document number of this limited liability company is: M030000003499
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: Xome Settlement Services LLC  
(must contain "Limited Liability Company," "L.L.C.," or "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

\_\_\_\_\_, Florida

City

FILED  
15 JUN 29 PM 12:55  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE

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

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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☐ Add

☐ Remove

☐ Add

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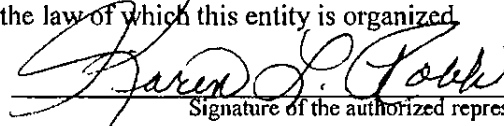
☐ Add

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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

Karen L. Robb

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
15 JUN 29 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

June 29, 2015

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 June 24, 2015 for Solutionstar Settlement Services LLC, a Pennsylvania Limited Liability Company, Organized July 2, 2003, whereby the organizations name was changed to Xome Settlement Services LLC.

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

FILED  
15 JUN 29 PM 12:55  
SECRETARY OF STATE  
HALLIMAN STATE FLORIDA



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