4/7/2020 Division of Corporations

M07000001186

Florida Department of State
Division of Corporations
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Email Address: bturner@surety-title.com

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LLC REGISTERED AGENT CHANGE
SURETY LENDER SERVICES, LLC

Certificate of Status	0
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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. Name of the limited liability company: Surety Lender Services, LLC

2. (a) 16000 Horizon Way Suite 200
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
Mount Laurel, New Jersey 08054

(b) 16000 Horizon Way Suite 200
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
Mount Laurel, New Jersey 08054

3. 2/9/2007
Date of filing registration in Florida

4. M07000000786
Document number

5. (a) C T Corporation System
Present Agent and Registered Office shown on the records of the Florida Dept. of State.

1200 South Pine Island Road
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Plantation FL 33324

(b) Business Filings Incorporated
Enter name of NEW Registered Agent and or NEW Registered Office address

1200 South Pine Island Road
NEW Registered Office Address

Plantation FL 33324

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Brian C Klaus, Manager
Printed or typed name of signee

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.

Signature of Registered Agent

Mark Williams, AVP, Business Filings Incorporated

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

DHS18 (2-10)