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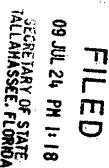
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PICK	-UP	☐ WAIT		MAIL
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Certified Copies_	.	_ Certificate	es of Statu	s
Special Instruction	ons to	Filing Officer:		
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Office Use Only



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07/24/09--01031--020 **25.00



D. BRUCE

JUL 27 2009

EXAMINER

COVER LETTER

	tration Section on of Corporations			
SUBJECT:	NATIONAL TITLE AGEN	NCY, LLC		
	(Name	of Limited Lia	ability Company)	
Dear Sir or M	ladam:			
The enclosed	Registered Agent/Registered	Office Change	and fee(s) are submitted for	r filing.
Please return	all correspondence concerning	g this matter to	the following:	
Janice Nul	I			
	(Name of Person)			
Incorp Ser	vices, Inc.		_	99 JU SECRE
	(Firm/Company)			AN 2
375 N. Ste	ephanie St., Suite 1411			25 5 L
	(Address)			
Henderso	n, NV 89014-8909			\$ -
	(City/State and Zip Code)			
For further in	nformation concerning this ma	tter, please cal	l: , 866-2500 ext. 6505	
	(Name of Person)		Code & Daytime Telephone	
	(Number 1 erson)	(11100	Court of Buy mile 1 eropiions	, 1 (
Regist Divisi Clifto 266 1 l	CET/COURIER ADDRESS: tration Section on of Corporations in Building Executive Center Circle hassee, Florida 32301	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314	
Enclo	osed is a check for the follow	ing amount:		
፟ \$2	5 Filing Fee	□ \$	55 Filing Fee & Certified Co	ору

INHS18 (5/08)

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.

		NATIONAL	TITLE ACENOVILLO		
1.	Nar	ne of the limited liability company: NATIONAL	TITLE AGENCY, LLC		
2. (a) Pr	Principal office address of limited liability company		_		
(Note: MUST B)		(Note; MUST BE STREET ADDRESS)	NEWARK NJ 07105	_	
				-	
	(b)	Mailing address of limited liability company:	17-19 MADISON STREET NEWARK NJ 07105	- 8	
		(Note: MAY BE POST OFFICE BOX)	NEWARK NJ 07 103	_ نے -	
			75	٦-	
(08/20	0/2007	M07000005304 2	24	
3 .	Dat	te of filing/registration in Florida	4. Document number	- - - - - - - - - - -	
_	(-)	Designational Assessment Office shows on	who manufact the Florida Dont of State of		
5.	(a)	Registered Agent and Registered Office shown on		8	
		Registered Agent:	NRAI SERVICES, INC	-	
		Registered Office Address:	2731 EXECUTIVE PARK DR STE 4	_	
		•	WESTON FL 33331 US	_	
					
	(b)	Enter name of NEW Registered Agent and/or NE	W Registered Office address:		
	, ,	NEW Designard Agent:	Incorp Services, Inc.		
		NEW Registered Agent:		-	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17888 67th Court North		
		MUST BE TEURIDA STREET ADDRESSY	Loxahatchee ,FL 33470	_	
th of he li	at af ffice ereby abili mite	limited liability company is not organized under the fter the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the cy confirmed that the change(s) was/were authorized ty company or as otherwise provided in the articles of diability company	et address of the registered office and the bus case of a Florida limited liability company, it by an affirmative vote of the members of the	iness is limited	
	here ompi m fa S. (onfir	and the limited liability company has been notified to the liability company has been notified to the limited liability company has been notified to the liability company has been notified to the liability company has been notified to the liability liab	agree to act in this capacity. I further agree oper and complete performance of my duties as registered agent as provided for in Chap change in the registered office address, I her din writing of this change. NCOPP Services NC.	to , and I ter 608, reby	
t		ture of Registered Agent	recorp services, ire.		
	\mathcal{J}	Division of Corporations, P.O. Bo	k 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (05/08)