

2/5/2014 15:08:20 From: To: 850-617-6383

Division of Corporations

MO9000003761

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
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
LPS MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	086
Estimated Charge	\$25.00

FEB - 6 2014

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RECEIVED

14 FEB -5 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

MO9000003761

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LPS Management, 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 Johnson

Name of Person

LPS Management, LLC

Firm/Company

601 Riverside Avenue

Address

Jacksonville, FL 32204

City/State and Zip Code

april.johnson@lpsvcs.com

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

For further information concerning this matter, please call:

April 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 (12/13)

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

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: LPS Management, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 09/23/2009

SECTION II (4-7 complete only the applicable changes)

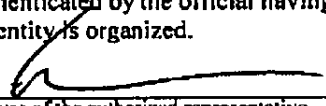
4. New name of the limited liability company: Black Knight Management Services, LLC
(must contain "Limited Liability Company," "LLC," or "LLC.")

(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," "LLC," or "LLC.")

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

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change: MBRM is changed to Black Knight Mortgage Processing Solutions, LLC

7. Attached is an original 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

2014 FEB -5 PM 9:44

FILED

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "LPS MANAGEMENT, LLC", CHANGING ITS NAME FROM "LPS MANAGEMENT, LLC" TO "BLACK KNIGHT MANAGEMENT, LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF JANUARY, A.D. 2014, AT 4:55 O'CLOCK P.M.



4470399 8100

140129444

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1108713

DATE: 02-04-14

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CORRECTION OF "BLACK KNIGHT MANAGEMENT, LLC", CHANGING ITS NAME FROM "BLACK KNIGHT MANAGEMENT, LLC" TO "BLACK KNIGHT MANAGEMENT SERVICES, LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF JANUARY, A.D. 2014, AT 5:10 O'CLOCK P.M.

4470399 8100

140134784

You may verify this certificate online
at corp.delaware.gov/authvar.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1111824

DATE: 02-05-14

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:10 PM 01/13/2014
FILED 05:10 PM 01/13/2014
SRV 140042646 - 4470399 FILE

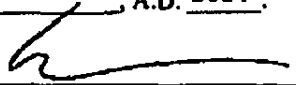
**State of Delaware
Certificate of Correction
of a Limited Liability Company
to be filed pursuant to Section 18-211(a)**

1. The name of the Limited Liability Company is: Black Knight Management, LLC
2. That a Certificate of Amendment was filed by the Secretary of State of Delaware on 01/07/2014, and that said Certificate requires correction as permitted by Section 18-211 of the Limited Liability Company Act.
3. The inaccuracy or defect of said Certificate is: (must give specific reason)

Article 2 of the Certificate of Amendment incorrectly listed the new name of the limited liability company due to clerical error
4. The Certificate is hereby corrected to read as follows:

Article 2 of the Certificate of Amendment is corrected to state the following:
2. The Certificate of Formation is hereby amended as follows:
First: The name of the limited liability company is Black Knight Management Services, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 9th day of January, A.D. 2014.

By: 
Authorized Person

Name: Michael L. Gravelle
Print or Type