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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : UNITED AGENT GROUP INC.
Account Number : 120160000686
Phone : (561)508-5033
Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
FALLAH MOSE
DO
FLORIDA
17 NOV 13 AM 7:12

2017 NOV 13 AM 10:26

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPECIALIZED TITLE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SPECIALIZED TITLE SERVICES LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "COMPUTERSHARE TITLE SERVICES LLC" ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2017, AT 11:10 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPUTERSHARE TITLE SERVICES LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2009.

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SECRETARY OF STATE
MALLA
HASSELL
FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

4704727 8320
SR# 20176975234

Authentication: 203530591
Date: 11-07-17

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: Specialized Title Services LLC

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M10000001604

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/06/2010

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: COMPUTERSHARE TITLE 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: United Agent Group Inc

New Registered Office Address: 11380 Prosperity Farms Road #221E

Enter Florida Street Address

Palm Beach Gardens, Florida 33410
City Zip Code

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.

Carlin Lazarus, Special Secretary
If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

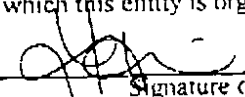
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Donna Harrison, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00