## 111100000001601

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
(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

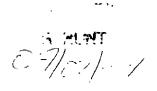


800431207348

ATTARY OF STATE

RECEIVED

2024 JUL -2 AHII: II



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 515767 8046906

AUTHORIZATION

COST LIMIT : //\$, 25.00

ORDER DATE : June 25, 2024

ORDER TIME : 4:01 PM

ORDER NO. : 515767-265

CUSTOMER NO: 8046906

FOREIGN FILINGS

NAME: COMPUTERSHARE TITLE SERVICES

LLC

\_\_\_\_ CORPORATE

LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER:

## **COVER LETTER**

TO:			n Section Corporations					
SUBJI	ECT:	Comp	utershare Title Services LL	.c				
00201		Name of Foreign Limited Liability Company						
Dear S	ir or N	/adam	:					
The en	closed	l appli	cation, certificate and fe	ee(s) are submitt	ed for filing	g.		
Please	return	all co	rrespondence concernir	ig this matter to	the followi	ng:		
			Name of Person					
CSC G	lobal						<u></u>	75
			Firm/Company				LARAY	, -2
			Address		<del></del>		OF STATE	AM 8: 53
		<u> </u>	City/State and Zip	Code				
E-m	ail add	dress:	(to be used for future ar	inual report notif	fication)			
For fu	ther in	nforma	ation concerning this ma	atter, please call:				
	<del></del>	Na	ne of Person	at ( Area C	) ode & Dayi	time Telephone Nu	mber	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
□\$25	Filing	Fee	s a check for the follow \$30 Filing Fee & Certificate of State	🗆 \$55 Fili	ing Fee & ed Copy	Sectificate of Certificate of Certificate	f Status (	&

## 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 Flor	ida Department of			
State: Computershare Title Services LLC		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>	
Enter new principal office address, if applicable:			· · -		
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>	
Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)	ķι) [⊗ι	10201614	<u></u>		
2. The Florida document number of this limited liab			TAK.	<del>-1</del>	2 1.07
3. Jurisdiction of its organization: Delaware			SSE	A	
4. Date authorized to do business in Florida: 08/24	/2009	<del></del>	ESTA:	<u>က</u> ထဲ	ξ.
SECTION II (5-9 complete only the applicable c	- ·		, <u>u</u>	డు	
5. New name of the limited liability company: New name of the limited liability company:	wRez Title Services LLC				
(must	contain "Limited Liability	Company, " "L.L.C	.," or "L	LC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manimust contain "Limited Liability Company," "L.L.C	aging members adopting t " or "LLC.")	he alternate name. Th	ne alterna	ate name	e
<ol> <li>If amending the registered agent and/or registered registered agent and/or the new registered office ade</li> </ol>		cords, enter the name	of the no	<u>ew</u>	
Name of New Registered Agent:	<del></del>				
New Registered Office Address:	Enter Fl	orida Street Address		<del></del>	
		, Florida			
	City		Zip Code		
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as register document is being filed to merely reflect a change in	t and agree to act in this c and complete performance red agent as provided for	of my duties, and I a in Chapter 605, F.S.	m fa <mark>mi</mark> lia Or, if thi:	ar with	

If Changing Registered Agent, Signature of New Registered Agent

liability company has been notified in writing of this change.

. If the amendment of	hanges person, title or capacity in a	accordance with 605.0902 (1)(e), indicate	that char	ige:
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Actio	
				□Add
		····		□Remo
			<del></del>	□Add
				□Remo
			TA LLAHASS	707⊡Add ——2 Remo
			STATE EE, FL	SSI Add
				□Reino
				□Add
aforementioned amo	cate, if required: no more than 90 endment(s), duly authenticated by ne law of which this entity is organ	the official having custody of records in	n the	□Remo
	Signature of	the authorized representative		

Filing Fee: \$25.00

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "COMPUTERSHARE TITLE SERVICES LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "NEWREZ TITLE SERVICES LLC" ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2024, AT 12:01 O'CLOCK P.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.





Authentication: 203802738

Date: 06-26-24

4704727 8320 SR# 20242992866