M10000001472

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B. KOHR

FEB 25 2011

EXAMINER

SECRETARY OF STATE OF CORPORATION

11 FEB 25 PM 3: 32



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE :

101575A

AUTHORIZATION (

COST LIMIT

ORDER DATE: February 23, 2011

ORDER TIME : 8:48 AM

ORDER NO. : 685434-008

CUSTOMER NO: 101575A

CHANGE OF AGENT

NAME:

WEICHERT NATIONAL TITLE

SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ___ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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.

1. Name of the limited liability company:	WEICHERT	NATIONAL TITLE SERVICES, LLC		
2. (a) Principal office address of limited l (Note: MUST BE STREET ADD	iability company: <u>RESS</u>)	Fort Washington DA 10024		
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE	company: BOX)	M10000001972		
May 3, 2010		بر ين M10000001972		
3. Date of filing/registration in Florida	4	. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:		C T Corporation System		
Registered Office Address:		1200 South Pine Island Road Plantation, FL 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
NEW Registered Agent:		Corporation Service Company		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET)	ADDRESS)	1201 Hays Street		
	-	Tallahassee ,FL 32301		
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 the operating agreement of the limited liability company. Duck				
BARBARA GOOTHW, MANAGER (Printed or typed name of signee)				
(Signature of Registered Agent) Grace E. Kirby	Asst. V.P.	ree to act in this capacity. I further agree to per and complete performance of my duties, and I is registered agent as provided for in Chapter 608, ange in the registered office address, I hereby in writing of this change.		

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