ĥ M1400000 8908 (Requestor's Name) (Address) 500283330405 (Address) (City/State/Zip/Phone #) 03/18/16--01026--032 **25.00 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) 0 :01 HV & 1 AVH 91 Certified Copies Certificates of Status ATTER OF STAT . . . Special Instructions to Filing Officer: Office Use Only





CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 16, 2016

Order#: 054510-006

Re: TITLEVEST AGENCY, LLC

Enclosed please find:

 \underline{XX} Change of Registered Agent and Office. \underline{XX} Check in the amount of \$25.

Please take the following action:

XXFile in your office on a routine basis.XXIssue Proof of Filing.XXPlease return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX ____ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	ume of the limited liability company: <u>TITLEVEST AGE</u>	ENCY, LL	С					
2.	(a)	44 Wall Street, 10th Fl Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		New York NY 10005							
		12/12/2014		MIU	00000890	28			
3.		Date of filing/registration in Florida	4.		Document number				
5.	(a)	National Corporate Research, Ltd., Inc.							
	(-)	Registered Agent and Registered Office shown on the records of th	he Florida D	ept. of State	:				
		115 North Calhoun St., Suite 4					.		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			ŽË.	5		
						<u> </u>	MAR	р ц	
		Tallahassee, FL_	32301	·····		AHA ST	8	به الجنوبة الا : - النقطي 	
	(b)					E. FLORIDA	AM 10: 0 I		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addr	<u>ess</u> :		ATE RIDA	01		
		1201 Hays Street							
		NEW Registered Office Address:							
		Tallahassee, FL_	32301						
the age wa	e cha ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registe bility com T the limite	red office pany, it is ed liability	and the business of hereby confirmed t company or as oth	fice of that the	the rea chang	gistered e(s)	
	7	Brin Q. Torm	Brian	Tormey, M					
5	ignat	we of a member or authorized representative of a member	<u>.</u>	Printed or typed name of signee					
pre the to	ovisio obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act in performan for in Ch ereby con	n this capa ce of my a apter 605, firm that t	city. I further agre huties, and I am fam F.S. Or, if this doo he limited liability o	e to con iliar wi cument compari	nply w ith ana is bein iy has i	vith the l accept ng filed been	
Si	natur		BY: Gra	ce E. Kirl	by, Assistant Vice	Presic	lent		

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

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