Division of Corporations
Electronic Filing Cover Sheet

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(((H210002386023)))



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To:			JUN 17
	Division of Corporations		 1
	Fax Number : (850)617-6383		
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	Account Name : BUSINESS FILING	SS	AM ::
	Account Number : 105256001620 Phone : (608)827-5300		<b>5</b> 6
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Electronic Filing Menu

Corporate Filing Menu

Help

From: Alexis Gregor

Fax Audit # H21000238602 3

## 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.

l. Na	me of the limited liability company:ESL TITLE A	AND SET	LEMENT	SERVICES, LLC		
2. (a)	16000 Horizon Way Suite 203 (b)			Horizon Way Suite 203		
2. (a) j	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del> ` `	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Mount Laurel, New Jersey 08054		Mount I	aurel, New Jersey 08054	<del></del>	
	3/31/2015		M150000	02881 Document number		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	MUNROE, W BRADLEY	<u>-</u>		_		
	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Stat	le.		S S
	239 E VIRGINIA ST	TIDDAECC		-	21	<del>VIS</del>
	Registered Office Address GNUST BF, FLORIDA STREET	I ADDKESS	<u> </u>		<u></u>	
				_		유론다
	TALLAHASSEE, F	L_32301		-	7	응수
(Ն)	Business Filings Incorporated			_	MII: 56	ILEU RY OF STATE CORPORATIONS
` '	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	d <u>ress</u> :		25	ATE ATE
	1200 South Pine Island Road			_	•	SNO
	NEW Registered Office Address:					
	Plantation , I	FL 33324		_		
the cha	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regi liability of s of the lin he limited	ompany, it ompany, it oited liabili liability co	is hereby confirmed that the change ity company or as otherwise provid- inpany.	:(s)	
	chi (B)	B1	ran C Klau	S, Member Printed or typed name of signee		
I here provisi the obi to mer	nure of irmember or author and experimentive of a member by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provide ely reflect a change in the registered office address, a in writing of this change.	igree to ac ne perform ded for in I hereby c	t in this ca ance of my Chapter 60 onfirm tha	pacity. I further agree to comply w	ith the accept g filed Seen	
N/.	me of Registered Agent Mark Williams, AVP, Busin	ness Filing	s Incorpora	ted		
	Division of Corporations. P.O.	). Box 632	7• Tallah:	issee, FL 32314		

FILING FEE: \$25.00

INHS18 (2/14)