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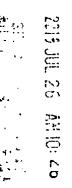
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Y SULKER
JUL 3 1 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: July 24, 2019

Order#: 842014-008

Re: KEYLINK NATIONAL TITLE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Matthew Ermak c/o Corporation Service Company 251 Little Falls Drive 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	me of the limited liability company: KEYLINK NATIO	NAL TIT	LE, LLC		
2. (a)	127 John Clarke Road	 \'''/ 		n Clarke Road	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	ress of limited liability company: AY BE POST OFFICE BOX)	
	Middletown, RI 02842	-	Middletown, RI 028	842	
	07/14/2015	_	M15000005533		
3.	Date of filing/registration in Florida	4.	Documer	nt number	
5. (a)	COGENCY GLOBAL INC.				
. ,	Registered Agent and Registered Office shown on the records of th	ne Florida I	Dept. of State:		
	115 NORTH CALHOUN ST. SUITE 4				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
				<u>ب</u>	
	TALLAHASSEE , FL_	32301		73	
(b) .	Corporation Service Company	Notes and de			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Jince aggi	<u>.ess</u> .	· 5	
	1201 Hays Street			1. C.	
	NEW Registered Office Address:			,	
	Tallahassee FL	32301			
	ranariassee	32301			
the cha agent w was/we	mited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of these of organization or the operating agreement of the l	the regist bility cor the limi	ered office and the t npany, it is hereby c ed liability compan	business office of the registered confirmed that the change(s)	
	/S/James DePalma	Jame	s DePalma, Authori	zed Person	
_	ure of a member or authorized representative of a member			typed name of signee	
provisi the obli to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have been also this change.	performa for in Ci ereby coi	nce of my duties, and apter 605, F.S. Or after that the limited	d I am familiar with and accept ; if this document is heing filed d liability company has been	
Signatui	Division of Corporations P.O. B.		ace E. Kirby. Asst.		