M16 000005393

(Requestor's Nam	ne)						
(Address)							
(Address)							
(City/State/Zip/Ph	one #)						
PICK-UP WAIT	MAIL						
(Business Entity h	Name)						
(Document Number)							
Certified Copies Certifica	ates of Status						
Special Instructions to Filing Officer:							

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CSC - WILMINGTON 251 Little Falls Drive 19 OCC -9 PN 3:48 Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 6, 2019

Order#: 076958-135

Re: GIBRALTAR TITLE SERVICES, LLC

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$25 .

Please take the following action:

File in your office on a routine basis.

Issue Proof of Filing.

Please return evidence to the following:

Attn: Ami Casper

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.

OUCA.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.

	fame of the limited liability company:	GIBRALTAR TIT	LE SER			
2. (a)	4190 Belfort Road, Suite 475		_ (b)			
	Principal office address of limited lia (Note: MUST BE STREET A	• •		N	failing address of limited (Note: MAY BE POST	
	(1700C 1700) DE 17111111 1	(1000000)		000 0 74		OTT TELEBOTO
		· -	_	333 S. 7tr	Street, 27th Floor	
	Jacksonville	FL 32216		Minneapo	olis, MN 55402	<u> </u>
	07/05/2016			M1600000	05393	
3.	Date of filing/registration in	ı Florida	4.		Document number	
5. (a	C T Corporation System					
(b) <u>.</u>	Registered Agent and Registered Office sho	wn on the records of th	he Florida I	Dept. of State	;	
	1200 S. Pine Island Road					19
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				19 DEC -9 PH 3: 48	
	2200					り転
	2200					9
	Plantation	, FL_	33324			7
						يَيْنِيْ بِي
						6 8 G
	Enter name of <u>NEW Registered Agent</u> and	or NEW Registered (Office add	ress:		
	4204 Herra Cheesa					
	1201 Hays Street NEW Registered Office Address:					
	Registered Office Address.					
	Tallahassee	, FL_	32301			
the chagent was/v	limited liability company is not organ nange or changes are made, the Florida will be identical. Or, in the case of a were authorized by an affirmative vote ticles of organization or the operating	street address of a Florida limited lia of the members of	the regist bility cor f the limi	ered office npany, it is ted liability	and the business off hereby confirmed the company or as other	ice of the registered at the change(s)
			Jill C	ilmi, Author	rized Person	
Sign	sature of a member or authorized representative	of a member			Printed or typed name of	signee
provi. the ol to me notifi	eby accept the appointment as register sions of all statutes relative to the problem of all statutes relative to the problem is registered rely reflect a change in the registered ed in writing of this change.	per and complete pogent as provided bifice address, I h	performa I for in C iereby co	nce of my a hapter 605, nfirm that i	luties, and I am famil , F.S. Or, if this doct the limited liability co	liar with and accept ment is being filed ompany has been
Signa	ture of Registered Agent Corporation Ser	vice Company	BY: A	mı M. Cas	per, Asst. Vice Pre	sident