Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000298042 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-0821 : (850)558-1515 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIT NATIONAL LAND SERVICES, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
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Y SULKER SEP 3 V 2020

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Help



September 25, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MIT NATIONAL LAND SERVICES, LLC 98 WASHINGTON PLACE MORRISTOWN, NJ 07960-8615

SUBJECT: MIT NATIONAL LAND SERVICES, LLC

REF: M14000005364

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

This entity filed withdrawal on 01/12/2018. You need to requalify in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker FAX Aud. #: H20000298042 Regulatory Specialist III Letter Number: 820A00018511

H20000298042 3



August 31, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MIT NATIONAL LAND SERVICES, LLC 98 WASHINGTON PLACE MORRISTOWN, NJ 07960-8615

SUBJECT: MIT NATIONAL LAND SERVICES, LLC

REF: M14000005364

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II FAX Aud. #: H20000298042 Letter Number: 820A00016705

Fax Server

TO:

Registration Section

COVER LETTER

9/29/2020 2:14:33 PM PAGE

| Division of C | orporations | | | |
|---|--|--------------------------------------|------------------------------|--|
| | | | | |
| SUBJECT: | | | | · |
| | Name of Foreign | Limited Lia | bility Con | npany |
| Dear Sir or Madam: | | | | |
| The enclosed applicat | tion, certificate and fee(s) | ire submitted | for filing | |
| Please return all corre | espondence concerning this | matter to the | followin | 9: |
| | | | | |
| | Name of Person | | | |
| | | | | |
| | Firm/Company | | - | |
| | | | | |
| | Address | | | |
| _ | | | | |
| | City/State and Zip Code | | | |
| 11 11 (6) | be used for future annual | rapart natific | Sation) | |
| E-mail address: (to | o be used for future annual | report nound | , actory | |
| For further informati | on concerning this matter, | please call: | | |
| | | at (| _) | |
| Name | e of Person | Area Co | ie & Dayt | ime Telephone Number |
| Mailing Addre Registration Division of O P.O. Box 63 Tallahassee. | Section Corporations 27 | | Division The Ce 2415 N | ddress: cation Section on of Corporations ontre of Tallahassee J. Monroe Street, Suite 810 assec, FL 32303 |
| Enclosed is a □\$25 Filing Fee CR2E055 (9/15) | a check for the following S30 Filing Fee & Certificate of Status | amount: □ \$55 Filin Certified | | ☐ \$60 Filing Fee. Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appears of | on the records of the Florida De | partment of |
|---|---|--|
| State: MIT National Land Services, LLC | | |
| Enter new principal office address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 23 (27) |
| SIGST DE ASTREILT ADDRESSY | | · · · · · · · · · · · · · · · · · · · |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | ~> |
| 2. The Florida document number of this limited liabi | ility company is: M180000003 | 72 |
| 3. Jurisdiction of its organization: Delaware | | |
| 4. Date authorized to do business in Florida: 1/12/2 | 2018 | |
| SECTION II (5-9 complete only the applicable ch | nanges) | |
| 5. New name of the limited liability company: New (must o | wmark Title Services LLC contain "Limited Liability Com | pany, " "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted f copy of the written consent of the managers or mana must contain "Limited Liability Company," "L.L.C. | aging members adopting the alte | isiness in Florida and attach a emate name. The alternate name |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office ade | l officer address on our records, dress here: | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida | Street Address |
| | i,me, i tortua | |
| | Ciţ | , Florida Zıp Code |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper of and accept the obligations of my position as registe document is being filed to merely reflect a change is liability company has been notified in writing of this | t and agree to act in this capaci and complete performance of my red agent as provided for in Ch in the registered office address, | eapter 605, F.S. Or, if this |

| If the amendment c | hanges person, title or capacity in acco | ordance with 605.0902 (1)(e), ind | icate that change: |
|--------------------|--|-----------------------------------|--------------------|
| tle/ Capacity | Name | Address | Type of Action |
| | | | |
| | | | |
| | | | □Add |
| | | | □Remo |
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| | | <u></u> | |
| | | | □Remo |
| | <u> </u> | | □Add |
| aforementioned ar | ficate, if required: no more than 90 da nendment(s), duly authenticated by th the law of which this entity is organize Signature of the | e official having custody of reco | □Remo |

Filing Fee: \$25.00

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MIT NATIONAL LAND
SERVICES LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "NEWMARK TITLE SERVICES LLC" ON THE ELEVENTH DAY OF
MARCH, A.D. 2020, AT 12:52 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 203603950

Date: 09-04-20