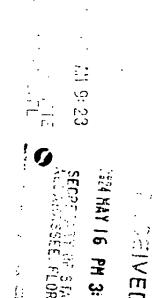
M2/0060/3972

(Re	questor's Name)	· ·
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	☐ MAIL
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Certified Copies	Cortificator	of Status
Certified Copies	_ Certificates	or status
Special Instructions to	Filing Officer.	

Office Use Only



000428914570



R. HUNT

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 05/16/24 Order #: 1514012-1

Re: Carpenter Title Agency, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: relike se

12000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

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

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Carpenter Title Agency, LI	_C
	of Foreign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate ar	nd fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
Betty Prouix	
Name of Person	n
Anywhere Real Estate Inc.	• 1
Firm/Company	
175 Park Ave.	
Address	::-:
Madison, NJ 07940	; ²¹ ; 73
City/State and	Zip Code
betty.proulx@anywhere.re	
E-mail address: (to be used for futur	e annual report notification)
For further information concerning this	s matter, please call:
Betty Proulx	973 407-2452 at (
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the fo ■\$25 Filing Fee	æ & □ \$55 Filing Fee & □ \$60 Filing Fee,

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 hability Company as it appears	on the records of the Florida Department	irtment of	
State: Carpenter Title Agency, LLC		· · · · · · · · · · · · · · · · · · ·	
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited liab	oility company is: M21000013972)	
Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 10/21	/2021		13
SECTION II (5-9 complete only the applicable changes)			<u>က</u> ည
5. New name of the limited liability company: Ca	• • •		
(must	contain "Limited Liability Compa	пу, " "L.L.C.," ог	"LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C. 6. If amending the registered agent and/or registered registered agent and/or the new registered office add	aging members adopting the altern " or "LLC.") d officer address on our records, er	ate name. The alt	ernate name
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida Sti	reet Address	
		, Florida Zip Code	
	City	Zip C	ode
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 a and accept the obligations of my position as register document is being filed to merely reflect a change in liability company has been notified in writing of this	t and agree to act in this capacity. and complete performance of my di red agent as provided for in Chapt an the registered office address, I he	uties, and I am fan ter 605, F.S. Or, ij	niliar with f this

8. If the amendment c	8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
Title/ Capacity	<u>Name</u>	Address	Type o	
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			23	
				
0.4	icate, if required: no more than 90		[

Seth I. Truwit, Senior Vice President and Assistant Secretary

Typed or printed name of signee

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CARPENTER TITLE AGENCY, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CARPEND LLC" ON THE EIGHTH DAY OF MAY, A.D. 2024, AT 4:09 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: 203485895

Date: 05-15-24