Incorporating Services, LTD.

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(((H070002264973)))



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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052

Phone

: (302)531-0855

Fax Number

: (866)223-0765

REGISTERED AGENT CHANGE

HPI TITLE AGENCY, LLC

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Sep. 11. 2007 2:22PM Incorporating Services, LTD. (((H07000226497 3)))

No. 5530 P. 2

Pursuant to the provisions of sections 608.41 liability company submits the following statem agent, or both, in the State of Florida.	6 or 608.508, Florida Statutes, the tent in order to change its registered	undersigned limited I office or registered
1. The name of the limited liability company is	HPI TITLE AGENCY, LLC	
2. The mailing address of the limited liability c	ompany is: 3100 SMOKETREE CO	URT, SUITE 600
RALEIGH NC 27604		
07/14/1998	M9800000791	
3. Date of filing/registration in Florida	4. Document number	
PLANTATION FL. City, 6. The name and address of the new registered a INCORPORATING 1540 GLENWAY D Floridu street address TALLAHASSEE	Name E ISLAND ROAD Address 33324 US State and Zip agent and/or office: G SERVICES, LTD. Name	07 SEP AM 8: 39 SECRETARY OF STATE TALLAHASSEE, FLORIDA
If the limited liability company is not organized confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the pperating agreement of the limited liability.	nade, the Florida street address of the vill be identical. Or, in the case of a F ic change(s) was/were authorized by s y or as otherwise provided in the artic	registered office Torida limited so affirmative yote

(Signature of a mamber or authorized representative of a member)

Jeffrey D. Miller

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)