N9800001232

(Req	uestor's Name)					
bbA)	ress)					
(AbbA)	ress)					
(City.	/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bus	iness Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



800237807478

12 AUG 20 AH 9: 35

B. BOSTICK AUG 2 1 2012 **EXAMINER**



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE: 313500

7286385

AUTHORIZATION :

COST LIMIT

ORDER DATE: August 15, 2012

ORDER TIME : 9:09 AM

ORDER NO. : 313500-011

CUSTOMER NO: 7286385

CHANGE OF AGENT

NAME:

RELS REPORTING SERVICES,

L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.	Nar	ne of the	limited liab	oility company:	RELS REPORT	TING SERVICES, L.L.C.		-	-
2.	(a)	Principa (<i>Note:</i>	pal office address of limited liability company: 12385 First American Way Poway, CA 92064						
	(b)			limited liability o		4 First American Way Santa Ana, CA 92707			• • •
_(Octob	per 22, 19	998			M98000001232			-
3.	Date of filing/registration in Florida 4. Document number								
5.	(a)) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
		Registered Agent:			C T Corporation System				
		Registe	red Office A	Address:		1200 South Pine Island Road Plantation, FL 33324	5	12	- -
	(b)	e) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>			Registered Office address:	S. S. Fr.	<u> </u>	- C C C C C C C C C C C C C C C C C C C	
		<u>NEW</u> R	Registered A	gent:		Corporation Service Company	•		
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		<u>;;</u> 3;	_			
			DUNESSI	Tallahassee ,I	L 3230	1	-		
lf	the l	imited li	ability comp	pany is not organ	nized under the la	iws of the State of Florida, it is	hereby o	confir	med

office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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

Maureen Cathell, Authorized Person

(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.

(Signature of Begistered Agent) Corporation Service Company Sylvia Queppet, Assistant Vice President

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