that my name appears above, or on an attachment with all other like empowered. SIGNATURE: OPEN EXCHANGE LABS INC. MANAGER, BY JASMINE JONES ATTORNEY-IN-

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 99-2976578

Name and Address of Current Registered Agent:

UNITED AGENT GROUP INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Authorized Person(s) Detail : Title MEMBER Title MANAGER **OS NATIONAL LLC** Name OPEN EXCHANGE LABS INC. Name 3097 SATELLITE BLVD., SUITE 400 410 N SCOTTSDALE ROAD SUITE Address

- Address City-State-Zip: DULUTH GA 30096
- Date Electronic Signature of Registered Agent 1600

City-State-Zip:

TEMPE AZ 85288

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

FACT

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M2400008372

Entity Name: MAINSTAY NATIONAL TITLE LLC

Current Principal Place of Business:

3097 SATELLITE BLVD SUITE 400 DULUTH, GA 30096

Current Mailing Address:

3097 SATELLITE BLVD SUITE 600 DULUTH, GA 30096 US

04/28/2025

Date

FILED Apr 28, 2025 Secretary of State 6679629190CC

Certificate of Status Desired: No