

M11000005345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

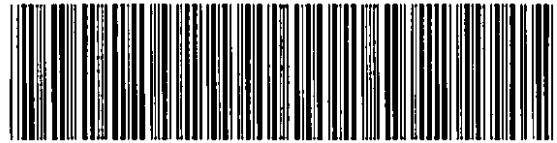
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SEP 13 2018

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carrington Title Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth Nickel

Name of Person

Compliance Freedom Network LLC

Firm/Company

2071 Glacier Drive, Suite 3

Address

Saint Croix Falls, Wisconsin, 54024

City/State and Zip Code

sos@compliancefreedom.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Nickel

Name of Person

at (888) 697-1777

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$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 on the records of the Florida Department of

State: Carrington Title Services, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M11000005345

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/25/2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Vylla Title, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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9. Attached is a certificate, if required; no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

James W. Potter, Senior Vice President

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "CARRINGTON TITLE
SERVICES, LLC", CHANGING ITS NAME FROM "CARRINGTON TITLE
SERVICES, LLC" TO "VYLLA TITLE, LLC", FILED IN THIS OFFICE ON
THE TWENTY-SECOND DAY OF AUGUST, A.D. 2018, AT 1:42 O'CLOCK
P.M.



4780951 8100
SR# 20186300998

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203295712
Date: 08-22-18

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

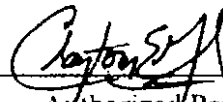
1. Name of Limited Liability Company: Carrington Title Services, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the company shall be amended as follows:
Vylla Title, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 21st day of August, A.D. 2018.

By: _____



Authorized Person(s)

Name: Clayton Greenberg, Vice President

Print or Type