# 699077

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
(Bi	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

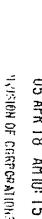


500048506295

03/28/05--01027--002 \*\*35.00

O5 APR 18 PN 4: 36
SECRETARY OF STATE
ANASSEE, FLORIDA

ac declar





#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 5, 2005

ATTORNEYS' TITLE INSURANCE FUND, INC. % R. NORWOOD GAY, III PO BOX 628600 ORLANDO, FL 32862-8600

SUBJECT: ATTORNEYS' TITLE INSURANCE FUND

Ref. Number: 699077

We have received your document for ATTORNEYS' TITLE INSURANCE FUND and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut Document Specialist

Letter Number: 305A00022988

#### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Attorneys' Title Insurance Fund (Name of corporation)
DOCUMENT NUMBER: 699077
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
R. NORWOOD GAY, TIL  (Name of contact person)
Attorneys' Title Insurance Fund (Firm/Company)
6545 CORPORATE CENTRE Blvd. (Address)
Orlando, Florida 32822 (City/state and zip code)
For further information concerning this matter, please call:
R. Morwood Gay, III at (407) 240-3863 (Name of contact/person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State. (already paid, see copy of letter).
Mailing Address:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address:  Amendment Section  Division of Corporations  409 E. Gaines Street  Tallahassee, FL 32314  Tallahassee, FL 32399

#### Amendment

to the

## DECLARATION OF TRUST As Amended of ATTORNEYS' TITLE INSURANCE FUND



1. The Declaration of Trust, as Amended, of Attorneys' Title Insurance Fund, a Florida Business Trust, is amended effective June 18, 2004, by adding thereto a new sub-section (c) of Section 7 of the Declaration of Trust as follows:

#### Section 7. DISQUALIFICATION OR REMOVAL OF TRUSTEE.

(c) If a Trustee moves his principal office from the judicial circuit from which he was elected, or is no longer engaged in the active practice of law, then such Trustee shall be disqualified from further service on the Board of Trustees, a vacancy shall be declared, and an election or appointment of a successor Trustee shall immediately be held pursuant to Section 9 of this Declaration of Trust.



#### ATTORNEYS' TITLE INSURANCE FUND, INC.

April 11, 2005

Florida Department of State Division of Corporations Corporate Filings P. O. Box 6327 Tallahassee, FL 32314

Re: Changes to Attorneys' Title Insurance Fund Declaration of Trust – Document 699077

Amendment of Declaration of Trust of Attorneys' Title Insurance Fund

Please make the following changes to the Address and Trustee Detail for the Trust:

PRINCIPAL ADDRESS 6545 CORPORATE CENTRE BLVD. ORLANDO, FLORIDA 32822

#### **MAILING ADDRESS**

P.O. BOX 628600 ORLANDO, FLORIDA 32862-8600

#### TRUSTEE DETAIL

Name & Address	Title
Charles J. Kovaleski 6545 Corporate Centre Blvd. Orlando, FL 32822	President
Jimmy R. Jones 6545 Corporate Centre Blvd. Orlando, FL 32822	Treasurer
R. Norwood Gay, III 6545 Corporate Centre Blvd. Orlando, FL 32822	Secretary

Florida Department of State Division of Corporations Corporate Filings P. O. Box 6327 Tallahassee, FL 32314

I have also enclosed the following documents:

Cover Letter

Statement of Change of Registered Office or Registered Agent or Both for

Corporations

Certificate of Declaration of Trust as Amended

Amendment to the Declaration of Trust of Attorneys' Title Insurance Fund.

Sincerely

R, Norwood Gay, III Sr. Vice President and

General Counsel

Enclosures

### CERTIFICATE OF DECLARATION OF TRUST AS AMENDED OF ATTORNEYS' TITLE INSURANCE FUND

I, Thomas D. Wright do hereby certify that I am the Chairman of the Board of Trustees of ATTORNEYS' TITLE INSURANCE FUND, a business trust under the laws of the State of Florida, and that the Declaration of Trust of Lawyers' Title Guaranty Fund filed in the office of the Secretary of State of the State of Florida on March 22, 1947, as heretofore amended by amendments filed in said office on April 26, 1950, February 15, 1951; April 5, 1951; June 3, 1955, December 22, 1956; October 9, 1959; November 9, 1960; October 4, 1966; November 6, 1968; November 24, 1976; February 9, 1978; November 21, 1979; December 31, 1979; May 25, 1982; which changed its name to Attorneys' Title Insurance Fund effective July 1, 1982, November 2, 1982; December 20, 1982; and December 13, 1985, was further amended by the Declaration of Trust as amended, as is attached to this certificate as Exhibit "A" and which Declaration of Trust as amended was duly adopted by an affirmative vote of three-fourths of all of the members of the Board of Trustees of Attorneys' Title Insurance Fund, Inc. at a meeting of the Board of Trustees duly called and held on June 18, 2004.

IN Witness WHEREOF, I have hereunto set my hand and affixed the seal of Attorneys' Title Insurance Fund this day of man, 2005.

Thomas D. Wright

Chairman of the Board of Trustees of Attorneys' Title Insurance Fund

### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the IRUST. AHORNEYS' Title INSURANCE FUND
2. The principal office address: 6545 CORPORATE CENTRE BIVE.
Orlando, Florida 32822
3. The mailing address (if different): P.O. Box 628600
Orlando, Florida, 32862 - 8600
4. Date of incorporation/qualification: <u>03/22//947</u> Document number: <u>699077</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Paul B. Comstock
30 W. GORE AVE.
OHANDO, FLORIDA 32802
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
William T. CONNER
6545 CORPORATE CENTRE BIVD. (P.O. BOX NOT acceptable)
Orlando, Florida 32822
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was anthorized by resolution duly adopted by its board of directors or by an officer so authorized by inefforation has been notified in writing of the change.
R. NORWOOD GAY, III (Printed or typed name and title)
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Willing 1. Con 4/8/05
(Signature of Registered Agent) (Date)  If signing on behalf of an entity:
(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*