

699077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R A / R O / C H S
Trust

APR 06 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Attorneys' Title Insurance Fund, a FL Business Trust
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:

John H. Simmons
Name of Contact Person

Attorneys' Title Insurance Fund, a FL Business Trust
Firm/Company

6545 Corporate Centre Blvd.
Address

Orlando, FL 32822
City/State and Zip Code

Info@ATIF.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John H. Simmons at (407) 955-4500 Ext. 33
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 (Business Trust) in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Attorneys' Title Insurance Fund, a FL Business Trust
2. The principal office address: 6545 Corporate Centre Blvd., Orlando FL 32822
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/22/1947 Document number: 699077
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

John H. Simmons
6545 Corporate Centre Blvd.
Orlando, FL 32822

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

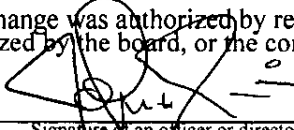
Registered Agents Inc.
3030 N. Rocky Point Dr. STE 150A
Tampa FL 33607

P.O. Box NOT acceptable

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2017 APR -6 AM 9:18
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TALLAHASSEE, FLORIDA

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 authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

John H. Simmons, President & Executive Secretary
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.



Signature of Registered Agent

3/30/2017
Date

If signing on behalf of an entity:

Bill Havre
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314