

FD/00000050/6

(Requestor's Name)

(Address)

(Address)

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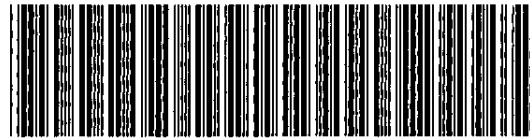
(Business Entity Name)

(Document Number)

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2012 MAY 10 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AKC
SL
5-14-12

Fidelity National Financial, Inc.
2510 Red Hill Avenue, Santa Ana, CA 92705
tel 949.622.4444 800.567.2395



April 25, 2012

Secretary of State - Florida
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Chicago Heritage Insurance Services, Inc.
Document #: F010000005016

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed is the following:

1. One (1) original and one (1) copy of the executed and corrected Application by Foreign Profit Corporation to File Amendment to Application for the above referenced corporation; and
2. Our check number 1000010590, made payable to the Secretary of State in the amount of \$35.00 to cover required filing fees and a return certified copy.

Please acknowledge receipt of the foregoing by endorsing and returning the enclosed copy of the Report in the self-addressed, stamped envelope. If you have any questions regarding this filing, feel free to contact the undersigned.

Sincerely,

A handwritten signature in black ink, appearing to read "EE", enclosed within a circular stamp or seal.

Elizabeth Eastvold
Corporate Paralegal
Telephone: (949) 622-5051
Facsimile: (949) 622-5060
E-mail: Elizabeth.Eastvold@fnf.com

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHICAGO HERITAGE INSURANCE SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: F01000005016

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIZABETH EASTVOLD
Name of Contact Person

FIDELITY NATIONAL FINANCIAL, INC.
Firm/Company

2510 N. REDHILL AVE.
Address

SANTA ANA, CA 92705
City/State and Zip Code

ELIZABETH.EASTVOLD@FNF.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MADELINE LOVEJOY at (949) 622-5051
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$35.00 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F01000005016

(Document number of corporation (if known))

FILED
2012 MAY 10 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. CHICAGO HERITAGE INSURANCE SERVICES, INC.
(Name of corporation as it appears on the records of the Department of State)

2. CALIFORNIA 3. SEPTEMBER 25, 2001
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? CALIFORNIA 11-8-1991

5. CHICAGO LAWYERS INSURANCE SERVICES, INC.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)


6. If the amendment changes the period of duration, indicate new period of duration.

N/A
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

MADELINE LOVEJOY
(Typed or printed name of person signing)

AVP / AS
(Title of person signing)

State of California
Secretary of State

CERTIFICATE OF FILING

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **8th day of November, 1991**, there was filed in this office an amendment changing the corporation name from **CHICAGO HERITAGE INSURANCE SERVICES, INC.**, a California corporation, to **CHICAGO LAWYERS INSURANCE SERVICES, INC.**

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
May 3, 2012.



Debra Bowen

DEBRA BOWEN
Secretary of State