## F07000002484

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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CSC - WILMINGTON 251 Little Falls Drive Wilmington 19808رDe

800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

From: Ami Casper ami.casper@cscglobal.com

Date: October 6, 2020

Order#: 437136-004

Re: FIRST SOURCE TITLE AGENCY, INC.

Enclosed please find:

\_ Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office of	n organized under the law	s of the State of Ohio	this
1. The name of t	he corporation: FIRST SOURCE	E TITLE AGENCY, INC.		
2. The principal	office address: 12000 Snow Roa	id, Unit 8, Parma, OH 44	1130	
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 05/08/200	7 Document n	number: F07000002484	
5. The name and	street address of the current registment of State: (If resigned, enter	stered agent and registere	d office on file with the	
	Registered Agent Solutions, In	с.		
	155 Office Plaza Drive, Suite A			
	Tallahassee	FL	32301	
6. The name and (if changed):	street address of the new register	red agent (if changed) and	l /or registered office	100
	Corporation Service Company			;
	1201 Hays Street			
		P.O. Box NOT acceptable		ف
	Tallahassee	FL .	32301	· · · · · · · · · · · · · · · · · · ·
	ss of its registered office and the be identical. Is authorized by resolution duly the board, or the corporation has l			
authorized by th	e board, or the corporation has t	·	or the change.	
	e of an officer or director	Jill Cilmi	ed or typed name and title	
I hereby accept I further agree to of my duties, an document is being corporation has	the appointment as registered a comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this a Service Company	gent and agree to act in a all statutes relative to th the obligation of my pos ge in the registered office	this capacity. e proper and complete pe	erformance Or, if this m that the
By: Cli	Meley	10/06/2020		
	half of an entity:		Date	
Ami M. Casper,	Asst. Vice President			
	ped or Printed Name	_		

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