

FO7000004110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

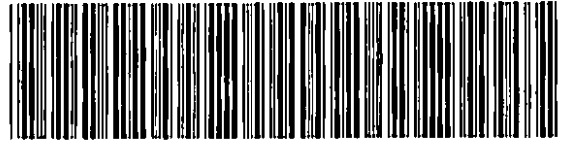
(Business Entity Name)

(Document Number)

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18 AUG 22 AM 9:09  
TALLAHASSEE, FLORIDA

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18 AUG 22 AM 10:45  
TALLAHASSEE, FLORIDA

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AUG 23 2018

S. YOUNG

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 358541 7327806  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

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ORDER DATE : August 22, 2018  
ORDER TIME : 9:30 AM  
ORDER NO. : 358541-005  
CUSTOMER NO: 7327806  
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CHANGE OF AGENT

NAME: ENTITLE INSURANCE COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Entitle Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Tami Bohm  
Name of Contact Person

Radian  
Firm/Company

1500 Market St., #2050W  
Address

Philadelphia, PA 19102  
City/State and Zip Code

regulatory@radian.biz  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tami Bohm at ( 215 ) 231-1335  
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 Ohio in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Entitle Insurance Company
2. The principal office address: 3 Summit Park Drive, #525, Independence, OH 44131

3. The mailing address (if different):

4. Date of incorporation/qualification: 08/15/2007 Document number: State Id F07000004110

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)

CT Corporation System
1200 SOUTH PINE ISLAND ROAD
Plantation, PA 33324

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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STATE DEPARTMENT OF STATE
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.

Tami G. Bohm
Signature of an officer or director

Tami Bohm, Assistant 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.

Emily Craft
Signature of Registered Agent

08/22/2018
Date

If signing on behalf of an entity:
Emily Craft
Asst. Vice President

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