

F160000 3770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

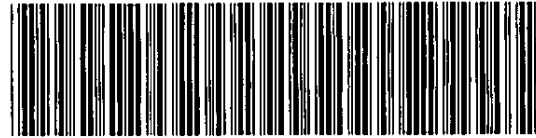
(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2018

CORPORATION SERVICE COMPANY
AGENTS NATIONAL TITLE INSURANCE COMPANY

SUBJECT: AGENTS NATIONAL TITLE INSURANCE COMPANY
Ref. Number: F16000003770

RESUBMIT
Please give original
submission date as file date.

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 818A00009759

RECEIVED
DIVISION OF CORPORATIONS
STATE
18 MAY 14 AM 10:43

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

ACCOUNT NO. : I20000000195
REFERENCE : 202342 8060451
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : May 10, 2018
ORDER TIME : 3:36 PM
ORDER NO. : 202342-055
CUSTOMER NO: 8060451

CHANGE OF AGENT

NAME: AGENTS NATIONAL TITLE
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: Agents National Title Insurance Company
Name of Corporation

DOCUMENT NUMBER: F16000003770

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:

Diann March

Name of Contact Person

Finance of America Holdings LLC

Firm/Company

909 Lake Carolyn Pkwy., #1550

Address

Irving, TX 75039

City/State and Zip Code

dmarch@financeofamerica.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diann March

Name of Contact Person

at (**972**) **265-8114 X2458**

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 Missouri in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Agents National Title Insurance Company

2. The principal office address: 1207 W. Broadway St., Suite C
Columbia, MO 65203

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/24/2016 Document number: F16000003770

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 S. Pine Island Rd., #250
Plantation, FL 33324

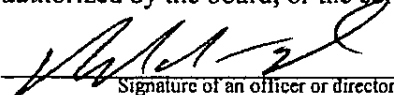
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
P.O. Box NOT acceptable
Tallahassee, FL 32301

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19 MAY 10 AM 11:08

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

David Townsend, President
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

5/10/2018
Date

If signing on behalf of an entity:

Emily Craft; Asst. V.P.
Typed or Printed Name

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