

699077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

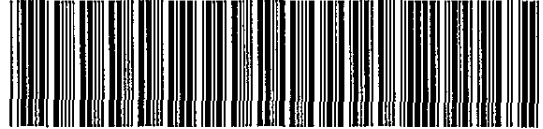
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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03/28/05--01027--002 \*\*35.00

**FILED**  
05 APR 18 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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of Ins



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 5, 2005

ATTORNEYS' TITLE INSURANCE FUND, INC.  
% R. NORWOOD GAY, III  
PO BOX 628600  
ORLANDO, FL 32862-8600

SUBJECT: ATTORNEYS' TITLE INSURANCE FUND  
Ref. Number: 699077

We have received your document for ATTORNEYS' TITLE INSURANCE FUND and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6908.

Anna Chesnut  
Document Specialist

Letter Number: 305A00022988

RECEIVED  
05 APR 18 AM 10:15  
DIVISION OF CORPORATIONS

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Attorneys' Title Insurance Fund  
(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:

R. NORWOOD GAY, III  
(Name of contact person)

Attorneys' Title Insurance Fund  
(Firm/Company)

6545 CORPORATE Centre Blvd.  
(Address)

Orlando, Florida 32822  
(City/state and zip code)

For further information concerning this matter, please call:

R. NORWOOD GAY, III at (407) 240-3863  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State. *(Already paid, see copy of letter).*

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

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Amendment  
to the  
DECLARATION OF TRUST  
As Amended  
of  
ATTORNEYS' TITLE INSURANCE FUND

FILED  
05 APR 18 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The Declaration of Trust, as Amended, of Attorneys' Title Insurance Fund, a Florida Business Trust, is amended effective June 18, 2004, by adding thereto a new sub-section (c) of Section 7 of the Declaration of Trust as follows:

Section 7. DISQUALIFICATION OR REMOVAL OF TRUSTEE.

- (c) If a Trustee moves his principal office from the judicial circuit from which he was elected, or is no longer engaged in the active practice of law, then such Trustee shall be disqualified from further service on the Board of Trustees, a vacancy shall be declared, and an election or appointment of a successor Trustee shall immediately be held pursuant to Section 9 of this Declaration of Trust.



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**ATTORNEYS' TITLE INSURANCE FUND, INC.**

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April 11, 2005

Florida Department of State  
Division of Corporations  
Corporate Filings  
P. O. Box 6327  
Tallahassee, FL 32314

Re: **Changes to Attorneys' Title Insurance Fund Declaration of Trust –  
Document 699077  
Amendment of Declaration of Trust of Attorneys' Title Insurance Fund**

Please make the following changes to the Address and Trustee Detail for the Trust:

**PRINCIPAL ADDRESS**

6545 CORPORATE CENTRE BLVD.  
ORLANDO, FLORIDA 32822

**MAILING ADDRESS**

P.O. BOX 628600  
ORLANDO, FLORIDA 32862-8600

**TRUSTEE DETAIL**

<u>Name &amp; Address</u>	<u>Title</u>
Charles J. Kovaleski 6545 Corporate Centre Blvd. Orlando, FL 32822	President
Jimmy R. Jones 6545 Corporate Centre Blvd. Orlando, FL 32822	Treasurer
R. Norwood Gay, III 6545 Corporate Centre Blvd. Orlando, FL 32822	Secretary

Florida Department of State  
Division of Corporations  
Corporate Filings  
P. O. Box 6327  
Tallahassee, FL 32314

I have also enclosed the following documents:

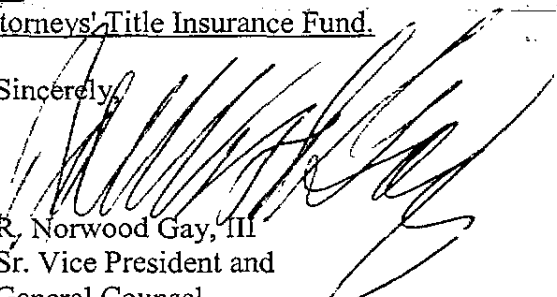
Cover Letter

Statement of Change of Registered Office or Registered Agent or Both for Corporations

Certificate of Declaration of Trust as Amended

Amendment to the Declaration of Trust of Attorneys' Title Insurance Fund.

Sincerely,



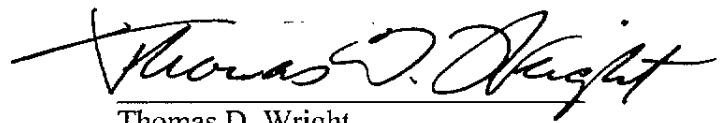
R. Norwood Gay, III  
Sr. Vice President and  
General Counsel

Enclosures

CERTIFICATE OF DECLARATION OF TRUST  
AS AMENDED OF ATTORNEYS' TITLE INSURANCE FUND

I, Thomas D. Wright do hereby certify that I am the Chairman of the Board of Trustees of ATTORNEYS' TITLE INSURANCE FUND, a business trust under the laws of the State of Florida, and that the Declaration of Trust of Lawyers' Title Guaranty Fund filed in the office of the Secretary of State of the State of Florida on March 22, 1947, as heretofore amended by amendments filed in said office on April 26, 1950; February 15, 1951; April 5, 1951; June 3, 1955, December 22, 1956; October 9, 1959; November 9, 1960; October 4, 1966; November 6, 1968; November 24, 1976; February 9, 1978; November 21, 1979; December 31, 1979; May 25, 1982; which changed its name to Attorneys' Title Insurance Fund effective July 1, 1982, November 2, 1982; December 20, 1982; and December 13, 1985, was further amended by the Declaration of trust as amended, as is attached to this certificate as Exhibit "A" and which Declaration of Trust as amended was duly adopted by an affirmative vote of three-fourths of all of the members of the Board of Trustees of Attorneys' Title Insurance Fund, Inc. at a meeting of the Board of Trustees duly called and held on June 18, 2004.

IN Witness WHEREOF, I have hereunto set my hand and affixed the seal of Attorneys' Title Insurance Fund this <sup>14</sup> day of *March*, 2005.



Thomas D. Wright  
Chairman of the Board of Trustees  
of Attorneys' Title Insurance Fund

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

- 1. The name of the corporation: TRUST ATTORNEYS' TITLE INSURANCE FUND
2. The principal office address: 6545 CORPORATE CENTRE BLVD. ORLANDO, FLORIDA 32822
3. The mailing address (if different): P.O. BOX 628600 ORLANDO, FLORIDA 32862-8600
4. Date of incorporation/qualification: 03/22/1947 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:

PAUL B. COMSTOCK
30 W. GORE AVE.
ORLANDO, FLORIDA 32802

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

WILLIAM T. CONNER
6545 CORPORATE CENTRE BLVD.
(P.O. Box NOT acceptable)
ORLANDO, FLORIDA 32822

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, of the corporation has been notified in writing of the change.

(Signature of an officer or director) R. NORWOOD GAY, III
(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) 4/8/05
(Date)

If signing on behalf of an entity:
(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