I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THAYER FAIRING

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title DP Name FAIRING, THAYER D Address 659 LONG LAKE DRIVE City-State-Zip: OVIEDO FL 32765

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FEI Number: 27-0338716

Name and Address of Current Registered Agent:

FAIRING, THAYER D 659 LONG LAKE DRIVE

OVIEDO, FL 32765 US

DOCUMENT# P09000059721

Entity Name: AMERICAN CHARTERED TITLE & INTEGRATED LOAN SERVICES, INC.

Current Principal Place of Business:

1809 E BROADWAY STREET, SUITE 305 OVIEDO, FL 32765

Current Mailing Address:

1809 E BROADWAY STREET, SUITE305 OVIEDO, FL 32765 US

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Date

Certificate of Status Desired: No

01/17/2018 Date

FILED Jan 17, 2018 Secretary of State CC5851028582

Electronic Signature of Signing Officer/Director Detail

PRESIDENT