

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000079140

Entity Name: TRUSTED NATIONAL TITLE INSURANCE AGENCY, P.A.

Current Principal Place of Business:

800 VILLAGE SQUARE CROSSING STE 337
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

800 VILLAGE SQUARE CROSSING STE 337
PALM BEACH GARDENS, FL 33410 US

FEI Number: 83-3130574

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURNS, NATALIE
800 VILLAGE SQUARE CROSSING STE 337
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title O
Name BURNS, NATALIE
Address 800 VILLAGE SQUARE CROSSING
STE 337
City-State-Zip: PALM BEACH GARDENS FL 33410

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: NATALIE BURNS

O

01/27/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date