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: DAVIS, ELDA M

Electronic Signature of Signing Officer/Director Detail

D

FILED Apr 20, 2024 Secretary of State 3332138503CC

Certificate of Status Desired: No

Current Principal Place of Business:

Entity Name: U.S. FIDELITY TITLE COMPANY

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

201 ALHAMBRA CIRCLE SUITE 514 CORAL GABLES, FL 33134

Current Mailing Address:

DOCUMENT# P92000009487

201 ALHAMBRA CIRCLE **SUITE 514** CORAL GABLES, FL 33134 US

FEI Number: 65-0378717

Name and Address of Current Registered Agent:

KRONGOLD, RANDI 201 ALHAMBRA CIRCLE SUITE 514 CORAL GABLES, FL 33134 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	RANDI KRONGOLD			04/20/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	D	Title	D	
Name	DAVIS, ELDA M	Name	KRONGOLD, GLENDA	
Address	201 ALHAMBRA CIRCLE SUITE 514	Address	201 ALHAMBRA CIRCLE SUITE 514	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
Title	D			
Name	KRONGOLD, RANDI M			
Address	201 ALHAMBRA CIRCLE SUITE 514			
City-State-Zip:	CORAL GABLES FL 33134			

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

04/20/2024