

018199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

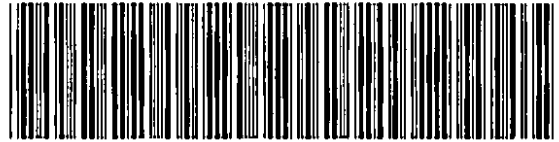
(Business Entity Name)

(Document Number)

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2019 APR 15 PM 14:08

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2014 APR 16 PM 4:06
FILED

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NATIONAL TITLE INSURANCE COMPANY

DOCUMENT NUMBER: 018199

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER WATKINS
Name of Contact Person
FLORIDA DEPARTMENT OF FINANCIAL SERVICES- REHAB & LIQUIDATION
Firm/ Company
2020 CAPITAL CIRCLE SE, SUITE 390E
Address
TALLAHASSEE, FLORIDA, 32301
City/ State and Zip Code

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

For further information concerning this matter, please call:

PETER WATKINS at (850) 413.4486
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

Articles of Amendment
to
Articles of Incorporation
of

2018 APR 15 PM 4:03
FILED

NATIONAL TITLE INSURANCE COMPANY

(Name of Corporation as currently filed with the Florida Dept. of State)

#018199

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____ N/A _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>SALMA ZACUR</u>	_____
<input type="checkbox"/> Add			_____
<input checked="" type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	<u>S</u>	<u>PETER WATKINS</u>	_____
<input type="checkbox"/> Add			_____
<input checked="" type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

APRIL 2, 2019
Dated _____

Signature _____


(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

PETER WATKINS

(Typed or printed name of person signing)

ESTATE MANAGEMENT ANALYST

(Title of person signing)

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT,
IN AND FOR LEON COUNTY, FLORIDA

In Re: The Receivership of
National Title Insurance Company,
A Florida Corporation.

CASE NO.: 2009-CA-2577

ORDER GRANTING THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES'
MOTION FOR ORDER APPROVING DISCHARGE ACCOUNTING STATEMENT,
DIRECTING FINAL DISCHARGE AND CLOSURE OF THE ESTATE, DIRECTING
PAYMENT OF REMAINING ESTATE FUNDS, PROVIDING FOR DISPOSITION OF
ASSETS RECEIVED AFTER CLOSURE, AND AUTHORIZING DESTRUCTION OF
OBSOLETE RECORDS

THIS CAUSE having come before the Court on the Florida Department of Financial Services' ("Department") Motion to Approve Discharge Accounting Statement, Directing Final Discharge and Closure of the Estate, Providing for Disposition of Assets Received After Closure, Directing Payment of Remaining Estate Funds, and Authorizing the Destruction of Obsolete Records, and the Court having reviewed the Motion and otherwise being fully advised, it is,


ORDERED AND ADJUDGED as follows:

1. The Department's Motion is hereby **GRANTED**.
2. The Discharge Accounting Statement Projected as of March 31, 2019, is hereby approved.
3. The Department is authorized and approved to retain \$7,700.00 as a reserve for "wind-up" expenses of the Department. Any surplus remaining after the conclusion of wind up activities shall be returned to the excess surcharge account.
4. The Department is hereby authorized and directed to destroy any obsolete records in the Department's possession after final discharge.

5. All claims dated March 19, 2019, and future claims shall be forwarded to CATIC at 4901 Vineland Road, Suite 340, Orlando, FL 32811. Telephone number 407-373-7124.

6. The receivership of NTIC shall be closed, and the Department's administration of this receivership shall be deemed satisfied, approved, and confirmed in all respects, and the Department, its deputies and all other employees shall be discharged without further order of this Court, from any and all duties, obligations and liabilities in the administration of the receivership at 12:01 a.m. on March 31, 2019.

DONE AND ORDERED in Chambers at Leon County Courthouse, Tallahassee, Florida, on this the 29th of March 2019.


KAREN GIEVERS
CIRCUIT JUDGE

Copies: Yamile Benitez-Torviso
Miriam O. Victorian