

(Requestor's Name) (Address) (Address)	90030	0659829
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Special Instructions to Filing Officer:	JUL 11 2017 S. YOUNG	

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## COVER LETTER

TO: Amendment Section

**Division of Corporations** 

**NAME OF CORPORATION:** \_\_\_\_\_

DOCUMENT NUMBER: 466237

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

Please return all correspondence concerning this matter to the following:

Crystal E. Martin

Name of Contact Person

Republic Mortgage Insurance Company of Florida

Firm/ Company

P. O. Box 2514

Address

Winston-Salem, NC 27102

City/ State and Zip Code

crystal\_martin@rmic.com

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

For further information concerning this matter, please call:

at (<u>336</u>) <u>661-4274</u> Area Code & Daytime Telephone Number Crystal E. Martin

Name of Contact Person

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

Republic Mortgage Insurance Company of Florida

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

The new

466237

(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:

Republic Mortgage Assurance Company

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."

В.	Enter new principal office address,	if applicable:	N/A	<u>-</u>		
(Pr	incipal office address <u>MUST BE A S</u>	<u>TREET ADDRESS</u> )				
С.	Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	n T	7	
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					· · ·	•••
D.	If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of the		ရာ လ	
	Name of New Registered Agent	N/A				
		(Florida stre	er address)			
	<u>New Registered Office Address:</u>	N/A	, Florida		<u> </u>	
		(	Ciņy	(Zip Coa	le)	

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:			
<u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del> .		
Add			
Remove			

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'A Name ch	ditional sheets, if necessary).	(Be specific)			
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	idment provides for an excl				
	is for implementing the ame		ained in the amendm	<u>ient itself:</u>	
	t applicable, indicate N/A)				
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					<b>t</b>

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The data of each amondmont(s)	April 26, 2017 adoption:	if other than the
fate this document was signed.		If other than the
Ju	iy 7. 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(minine that so adjs ager anenanchi fie alle)	
Note: If the date inserted in this locument's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	lopted by the incorporators without shareholder action and shareholder	
June 30,	2017	
Dated		
Signature	Cptil EMat	
(By a	director, president or other officer – if directors or officers have not been	
selec	ed, by an incorporator – if in the hands of a receiver, trustee, or other court – nted fiduciary by that fiduciary)	
	Crystal E. Martin	
	(Typed or printed name of person signing)	
	Assist. Vice President and Secretary	

(Title of person signing)