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SECRETARY OF STATE

COVER LETTER

TO: Registration S			
Division of C	•		
SUBJECT: OCALA I	AND TITLE INSURANC	E AGENCY, LTD	
Nar	ne of Florida Limited Partr	nership or Limited Liability	Limited Partnership
The enclosed Certific	ate of Amendment and	d fee(s) are submitted t	for filing.
Please return all corre	espondence concerning	this matter to:	
ROBERT D. WILSON			
	Contact Person		
WILSON & WILLIAMS	PA		
	Firm/Company		
954 E SILVER SPRINGS	S BLVD		
	Address		
OCALA FL 34470			
	ity. State and Zip Code	- 	
Christing @	Ocalalandt	He com	
E-mail address: (to	be used for future annual re	port notification)	
For further information	on concerning this mat	ter, please call:	
ROBERT D. WILSON		_at () 629-9	747
Name of Contac	t Person	Area Code and Dayt	ime Telephone Number
Enclosed is a check for	or the following amou		
■ \$52.50 Filing Fec .	□\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address:		Street Addre	ss:
Registration Section		Registration S	
Division of Corporati	ons	Division of C	•
P.O. Box 6327 Tallahassee, FL 3231	4	The Centre of 2415 N. Mon	roe Street, Suite 810
1 ananassec, 1 L 5251	•	Tallahassee, I	•

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

OCALA LAND TITLE INSURANCE AGE	NCY LTD		
Insert name currently	on file with Florida Depa	artment of State	
Pursuant to the provisions of section 620.120 limited liability limited partnership, whose ce DECEMBER 22, 1997 , assigned adopts the following certificate of amendment	rtificate was filed w l Florida document n	ith the Florida Department umber A97000002891	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of there:	the limited partnersh	ip or limited liability limited	d partnership
New name must be distin	guishable and contain an	acceptable suffix.	<u></u>
Acceptable Limited Partnership suffixes: Limited Part Acceptable Limited Liability Limited Partnership suffi			LLLP.
B. If amending mailing address and/or proprincipal office address here:	incipal office addre	ss, enter new mailing add	iress and/or
New Principal Office Address:			
(Must be STREET address)			<u> </u>
New Mailing Address: (May be post office box)			
C. If amending the registered agent and/or regiregistered agent and/or the new registered offic		on our records, enter the na	me of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	7023 HA
←		, Florida	
	City	Zip Code	ARY

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I
am familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>GP</u>	Marion County Title Services Inc	503 E Silver Springs Blvd Ocala FL 34470	□ Add ■ Remove
GP	FoxFire Realty Inc.	503 E Silver Springs Blvd Ocala FL 34470	
			_
			_
			_
	·		_ □ Add □ □ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

Effective date, if other than the date of filing: Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of late.) Indee.) Indee.		
Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of late.) total: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not e listed as the document's effective date on the Department of State's records. Signature(s) of a general partner or all general partners*: *NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or emoving a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign then adding or removing a "limited liability limited partnership" election statement.) Marion County Title Services Inc. Extra Realty Inc. BY: Kenneth H. MacKay, III, President Eugene R. Boone, Jr., President Foxfire Realty Inc. BY: BY: BY: BY: BY: BY: BY: BY	····	
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