

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
COMMERCE TITLE INSURANCE COMPANY

Certificate of Status	0
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Page Count	03
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RECEIVED

11 MAR 17 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2011 MAR 17 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F00000003874

(Document number of corporation (if known))

1. Commerce Title Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. California

(Incorporated under laws of)

3. July 11, 2000

(Date authorized to do business in Florida)

2011 MAR 17 AM 9:58
SECRETARY OF STATE
FALLAH HUSSEIN FLOUT (pda)
10

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? January 26, 2011

5. Premier Land Title Insurance Company

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Jan M. Klym

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

**State of California
Secretary of State**

CERTIFICATE OF FILING

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **26th day of January, 2011**, there was filed in this office an amendment changing the corporation name from **COMMERCE TITLE INSURANCE COMPANY**, a California corporation, to **PREMIER LAND TITLE INSURANCE COMPANY**

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 16, 2011.



Debra Bowen

DEBRA BOWEN
Secretary of State