

FD3000001973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



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05/14/07--01061--008 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 MAY 14 PM 2:05

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**CAPITOL  
SERVICES**

May 10, 2007

FLORIDA SECRETARY OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **LANDAMERICA INSURANCE AGENCY, INC.**

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #13161 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x353 at 800-345-4647.

Thank you,

Myra Simmons-Homer  
Registered Agent Services  
Enclosures

PO BOX 1831  
AUSTIN, TX 78767

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LANDAMERICA INSURANCE AGENCY, INC.  
(Name of Corporation)

DOCUMENT NUMBER: F03000001973

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myra Homer  
(Name of Contact Person)

Capitol Corporate Services, Inc.  
(Firm/Company)

800 Brazos, Suite 400  
(Address)

Austin, Texas 78701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Myra Homer at ( 800 ) 345-4647  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Virginia \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: LANDAMERICA INSURANCE AGENCY, INC.
2. The principal office address: 5600 Cox Road, Glen Allen, VA 23060
3. The mailing address (if different): 5600 Cox Road, Glen Allen, VA 23060
4. Date of incorporation/qualification: 4/18/2003 Document number: F03000001973
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Sloan, F. Linton  
201 S. Orange Ave., Ste. 1350  
Orlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capitol Corporate Services, Inc.  
155 Office Plaza Drive, Suite A  
(P.O. Box NOT acceptable)  
Tallahassee Florida 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

*Hope M. Vaughan*  
(Signature of an officer or director)

*Hope M. Vaughan, Asst. Secretary*  
(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

*DeLanie Case*  
(Signature of Registered Agent)

*5-8-07*  
(Date)

If signing on behalf of an entity:

DeLanie Case, Asst. Secretary on Behalf of Capitol Corporate Services, Inc.  
(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR28045 (8/05)

**FILED**  
07 MAY 14 PM 2:05  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LANDAMERICA INSURANCE AGENCY, INC.  
(Name of Corporation)

DOCUMENT NUMBER: F03000001873

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myra Homer  
(Name of Contact Person)

Capitol Corporate Services, Inc.  
(Firm/Company)

800 Brazos, Suite 400  
(Address)

Austin, Texas 78701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Myra Homer at ( 800 ) 345-4847  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**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



**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Virginia in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: LANDAMERICA INSURANCE AGENCY, INC.
2. The principal office address: 5600 Cox Road, Glen Allen, VA 23060
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4. Date of incorporation/qualification: 4/18/2003 Document number: F03000001973
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Sloan, F. Linton

201 S. Orange Ave., Ste. 1350

Orlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capitol Corporate Services, Inc.

155 Office Plaza Drive, Suite A

(P.O. Box NOT acceptable)

Tallahassee

Florida

32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

*Hope M. Vaughan*  
(Signature of an officer or director)

*Hope M. Vaughan, Asst. Secretary*  
(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

*Delanie Case*  
(Signature of Registered Agent)

*5-8-07*  
(Date)

If signing on behalf of an entity:

Delanie Case, Asst. Secretary on Behalf of Capitol Corporate Services, Inc.  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR28045 (8/05)

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