F0300001973

(Re	equestor's Name)			
. (Ac	idress)			
· (Ac	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

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07 MAY IL PH 2: 05
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Aren S



May 10, 2007

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

Attn: Corporate Filing Dept.

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,

MSH

Re:

Myra Simmons-Homer Registered Agent Services

Enclosures

PO BOX 1831 AUSTIN, TX 78767

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LANDAMERICA INSURANCE A (Name of Corporation)	GENCY, INC.
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 f	following:
Myra Homer (Name of Contact Per	
(14 mile of Contact Feb	ison)
Control Comemte Segui	oon Inc
Capitol Corporate Servi (Firm/Company)	ces, mc.
800 Brazos, Suite	400
(Address)	
Austin, Texas 787 (City/State and Zip C	701
For further information concerning this matter, please call:	out,
For further information concerning this matter, please can:	
Myra Homer at (800) 345-4647 Area Code & Daytime Telephone Number)
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of	State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

statement of chan	rovisions of sections 607.0502, 617.0502, ige is submitted for a corporation organiz to change its registered office or register	ed under the laws of the State o	Virginia
1. The name of th	e corporation: LANDAME	RICA INSURANCE AC	ENCY, INC.
2. The principal o	ffice address: 5600 Cox Road, Glen All	en, VA 23060	
3. The mailing ad	dress (if different); 5600 Cox Road, Gle	n Allen, VA 23060	
4. Date of incorpo	oration/qualification: 4/18/2003	Document number: F0300	0001973
5. The name and a Florida Departr	street address of the current registered age nent of State:	ent and registered office on file	with the
ا_	Sloan, F. Linton		_ 0
<u>. 2</u>	201 S. Orange Ave., Ste. 1350		A STATE OF THE STA
<u>_ </u>	Orlando, FL 32801		THE THE PARTY OF T
6. The name and s (if changed):	street address of the new registered agent ((if changed) and /or registered (office EFF. FI. 2:
2	Capitol Corporate Services, Inc.		_ 26 05
_1	155 Office Plaza Drive, Suite A (P.O. Box NOT acceptable)	-	<u> </u>
	Fallahassee	Florida 32301	
The street address as changed will be	s of its registered office and the street ad e identical.	dress of the business office of	its registered agent,
Such change was authorized by the	authorized by resolution duly adopted board, or the corporation has been notif	y its board of directors or by a red in writing of the change.	an officer so
JODE (Signature	of an other production	Hope M. Vaughar	Ast. Secretary
Thereby accept the I further agree to of my duties, and document is being corporation has be	te appointment as registered agent and a comply with the provisions of all statute I am familiar with and accept the obliga of filed merely to reflect a change in the r een notified in writing of this change.	ngree to act in this capacity, is relative to the proper and c stion of my position as registe registered office address, I her	omplete performance red agent. Or, if this reby confirm that the
Delan	ue Case	5-8-07)
(Signa	ture of Registered Agent)	(Date)	
If signing on beha	lf of an entity:		

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

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

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LANDAMERICA INSURAN (Name of Co	CE AGENCY, INC.
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 t	to the following:
\$4 11.	
Myra Ho (Name of Cont	act Person)
Capitol Corporate	Services, Inc.
(Firm/Con	npany)
800 Brazos, 1 (Addre	
(, tumo	~
Austin, Texas	s 7 8701
(City/State and	Zip Code)
For further information concerning this matter, please cal	li:
Marin Homes	000 > 245 4547
Myra Homer (Name of Contact Person)	at (800) 345-4647 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departm	ent of State.
Mailing Address:	Street Address:
Amendment Section	Street Address: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee RY 32301

Return acknowledgment to:

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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 <u>Virulnia</u> 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
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 ? ?? Capitol Corporate Services, Inc.
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.
Signature by an altrectory directory (Friedlet or type hame suc 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.
Ollanie Case 5-8-07
(Signature of Registored Agent) (Date)
If signing on behalf of an entity:

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

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