

FO4000000499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

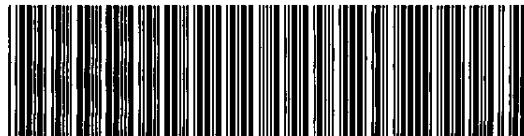
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AK  
TPO 9/14



September 8, 2011

Secretary of State - Florida  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Ticor Insurance Services, Inc.**  
**Document #: F04000000499**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed is the following:

1. One (1) original and one (1) copy of the executed and corrected Application by Foreign Profit Corporation to File Amendment to Application for the above referenced corporation; and
2. Our check number 4110410416, made payable to the Secretary of State in the amount of \$35.00 to cover required filing fees and a return certified copy.

Please acknowledge receipt of the foregoing by endorsing and returning the enclosed copy of the Report in the self-addressed, stamped envelope. If you have any questions regarding this filing, feel free to contact the undersigned.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Eastvold", with a long horizontal line extending to the right.

Elizabeth Eastvold  
Corporate Paralegal  
Telephone: (949) 622-5051  
Facsimile: (949) 622-5060  
E-mail: Elizabeth.Eastvold@fnf.com

Enclosures

Fidelity National Title Group  
2510 N. Redhill Avenue, Santa Ana, CA 92705



August 17, 2011

Secretary of State - Florida  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Ticor Insurance Services, Inc.**  
**Document #: F04000000499**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed is the following:

1. One (1) original and one (1) copy of the executed Application by Foreign Profit Corporation to File Amendment to Application for the above referenced corporation; and
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Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Eastvold".

Elizabeth Eastvold  
Corporate Paralegal  
Telephone: (949) 622-5051  
Facsimile: (949) 622-5060  
E-mail: Elizabeth.Eastvold@fnf.com

Enclosures

RECEIVED  
11 AUG 26 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 29, 2011

ELIZABETH EASTVOLD  
FIDELITY NATIONAL FINANCIAL, INC.  
2510 N. REDHILL AVENUE  
SANTA ANA, CA 92705

SUBJECT: TICOR INSURANCE SERVICES, INC.  
Ref. Number: F0400000499

We have received your document for TICOR INSURANCE SERVICES, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

THE CERTIFICATE MUST EVIDENCE THE FACT THAT TICOR INSURANCE SERVICES, INC. CHANGED TIO FNIS INSURANCE SERVICES, INC.

Please return the enclosed check for \$35.00 or a newly issued check with your corrected document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 911A00020066

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TICOR INSURANCE SERVICES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F04000000499

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIZABETH EASTVOLD

Name of Contact Person

FIDELITY NATIONAL FINANCIAL, INC.

Firm/Company

2510 N. REDHILL AVE.

Address

SANTA ANA, CA 92705

City/State and Zip Code

ELIZABETH.EASTVOLD@FNF.COM

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

For further information concerning this matter, please call:

MADELINE LOVEJOY

Name of Contact Person

at ( 949 )

622-5051

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 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

**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)**

F04000000499

(Document number of corporation (if known))

1. TICOR INSURANCE SERVICES, INC.  
(Name of corporation as it appears on the records of the Department of State)
2. CALIFORNIA 3. JANUARY 20, 2004  
(Incorporated under laws of) (Date authorized to do business in Florida)

FILED  
11 SEP 13 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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? CALIFORNIA Aug 1, 2011
5. FNIS INSURANCE SERVICES, INC.  
(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.
- N/A  
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
- N/A  
(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

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

MADELINE LOVEJOY  
(Typed or printed name of person signing)

AVP / AS  
(Title of person signing)

NC70

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A0718037

FILED  
in the office of the Secretary of State  
of the State of California

AUG - 1 2011

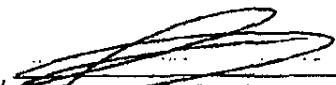
**CERTIFICATE OF AMENDMENT OF  
ARTICLES OF INCORPORATION OF  
TICOR INSURANCE SERVICES, INC.**

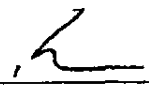
The undersigned certify that:

1. They are the President and Secretary, respectively, of Ticor Insurance Services, Inc., a California corporation.
2. Article I of the Articles of Incorporation of this corporation is amended to read as follows:
  - i. The name of this corporation is **FNIS Insurance Services, Inc.**
3. The foregoing amendment of Articles of Incorporation has been duly approved by the Board of Directors.
4. The foregoing amendment of Articles of Incorporation has been duly approved by the required vote of shareholders in accordance with Section 902, California Corporations Code. The total number of outstanding shares of the corporation is 1,000. The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than 50%.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date: July 21, 2011

  
Mark O. Davey, President

  
Michael L. Gravelle, Secretary



I hereby certify that the foregoing  
transcript of 1 page(s) *2*  
is a full, true and correct copy of the  
original record in the custody of the  
California Secretary of State's office

AUG 24 2011

Date: \_\_\_\_\_

*Debra Bowen*  
DEBRA BOWEN, Secretary of State