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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

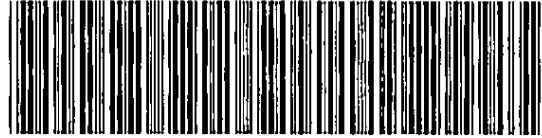
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT 28 AM 10:17
SECURITY
TALLAHASSEE, FL

C. BRUMBLEY
NOV 10 2021



AMERICAN GUARANTY TITLE INSURANCE COMPANY

1408 N. Westshore Blvd. Suite 900, Tampa, FL 33607-4535 | T: 612.371.1111

Kelly Crews
Paralegal
Corporate Legal Department
Direct line: 813-514-2819
kcrews@oldrepublictitle.com

BY FEDERAL EXPRESS

October 26, 2021

Florida Department of State
Division of Corporations
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Registered Agent

To Whom It May Concern:

Please see attached Statement of Change of Registered Agent form and filing fee for American Guaranty Title Insurance Company.

Please feel free to contact me with any questions or concerns.

Sincerely,

Kelly Crews

Kelly Crews



OLD REPUBLIC INSURANCE GROUP

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Guaranty Title Insurance Company
Name of Corporation

DOCUMENT NUMBER: F05000001170

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:

Sarah Newcomb

Name of Contact Person

American Guaranty Title Insurance Company

Firm/Company

1408 North Westshore Boulevard, Suite 900

Address

Tampa, FL 33607

City/State and Zip Code

snewcomb@oldrepublictitle.com

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

For further information concerning this matter, please call:

Sarah Newcomb

Name of Contact Person

at (612) 371-1162

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 Oklahoma in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Guaranty Title Insurance Company
2. The principal office address: 4040 North Tulsa Oklahoma City, OK 73112

3. The mailing address (if different): 400 Second Ave South Minneapolis, MN 55401

4. Date of incorporation/qualification: 02/21/2005 Document number: F05000001170

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Elaine Layton

1408 North Westshore Blvd, Suite 900

Tampa, FL 33607

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

Chief Financial Officer

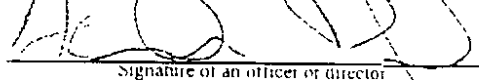
200 E. Gaines St., P.O. Box 6200

P.O. Box NOT acceptable

Tallahassee, FL 32314-6200

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 of an officer or director

Daniel Wold, 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.

N/A

Signature of Registered Agent

October 11, 2021

Date

If signing on behalf of an entity:

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
CR2E045 (04/13)

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