

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H210003110273)))



H210003110273ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

2021 AUG 27 PM 1:57

To: Division of Corporations
Fax Number : (850) 617-6380
From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

Please honor original
date 08/18/2021

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

Email Address: _____

2021 AUG 18 PM 2:36

2021 AUG 18 PM 2:36

FILED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
NORTH AMERICAN TITLE INSURANCE COMPANY**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

AUG 30 2021
S. PRATHER

Electronic Filing Menu Corporate Filing Menu Help

Please honor original date 08/18/2021

DocuSign Envelope ID: 0084AC56-69FC-4BC5-AB99-B606015DDC46

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)

F06000000008

(Document number of corporation (if known))

1. North American Title Insurance Company

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

2. California

3. 12/30/2005

(Incorporated under laws of)

(Date authorized to do business in 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? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, 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.

South Carolina

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

DocuSign Envelope ID: 0084AC56-69FC-4BC5-AB99-B606015DDC46

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove

FILED
2021 AUG 18 PM 2:35
CLERK OF COURT
JANET L. BROWN
TALLAHASSEE, FLORIDA

10. 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.

DocuSigned by:
Emilio Fernandez
006E8FE7677D437 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Emilio Fernandez, President
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35.00

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

NORTH AMERICAN TITLE INSURANCE COMPANY, a corporation duly organized under the laws of the State of South Carolina on September 18th, 1958, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

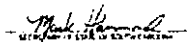
Given under my Hand and the Great Seal
of the State of South Carolina this 18th day
of August, 2021.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE.

File ID: 210201-1401094
Filing Date: 01/26/2021

Jul 23 2021
REFERENCE ID: 832605


Mark Hammond
Secretary of State

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

ARTICLES OF MERGER
Corporation – Domestic and Foreign

Pursuant to Section 33-11-105 of the 1976 S.C. Code of Laws, as amended, the undersigned as the surviving corporation in a merger, hereby submits the following information:

1. The name of the surviving corporation is

NORTH AMERICAN TITLE INSURANCE COMPANY

2. Attached hereto and made a part of hereof is a copy of the Merger (see S.C. Code of Laws, Title 33, Chapter 11). Duplicate copies of the Plan of Merger must be attached in order for this form to be filed.
3. Complete the following information to the extent it is relevant with respect to each corporation which is a party to the transaction.

- (a) Name of the corporation:

NORTH AMERICAN TITLE INSURANCE COMPANY

Complete either (1) or (2), whichever is applicable.

- (1) ☐ Shareholder approval of the merger was not required (see S.C. Code of Laws §33-11-103(h))

- (2) ☒ The Plan of Merger was duly approved by shareholders of the corporation as follows:

Voting Group	Number of Outstanding Shares	Number of Votes Entitled to be Cast	Number of Votes Represented at the Meeting	Total Number of Votes Cast* For -AND- Against
Common	2,700,000	2,700,000	2,700,000	2,700,000 0

*NOTE: Pursuant to S.C. Code of Laws §33-11-105(a)(3)(ii), the corporation can alternatively state the total number of undisputed votes cast for the Plan of Merger separately by each voting group with a statement that the number of votes cast for the plan by each voting group was sufficient for approval by that voting group.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jul 23 2021

REFERENCE ID: 832605

NORTH AMERICAN TITLE INSURANCE COMPANY

Name of Surviving Corporation

(b) Name of the corporation:

STATES TITLE INSURANCE COMPANY OF CALIFORNIA

Complete either (1) or (2), whichever is applicable.

(1) ☐ Shareholder approval of the merger was not required [see S.C. Code of Laws §33-11-103(h)]

(2) ☒ The Plan of Merger was duly approved by shareholders of the corporation as follows:

Voting Group	Number of Outstanding Shares	Number of Votes Entitled to be Cast	Number of Votes Represented at the Meeting	Total Number of Votes Cast* For	-AND- Against
Common	500,000	500,000	500,000	500,000	0

*NOTE: Pursuant to S.C. Code of Laws §33-11-105(a)(3)(ii), the corporation can alternatively state the total number of undisputed votes cast for the Plan of Merger separately by each voting group with a statement that the number of votes cast for the plan by each voting group was sufficient for approval by that voting group.

4. The effective date of this document shall be January 6, 2021.

Date: January 5, 2021

[SIGNATURE ON THE FOLLOWING PAGE]

Jul 23 2021
REFERENCE ID: 832605

Mark Howard
 1000 10th St. N.E. Washington, D.C. 20002

NORTH AMERICAN TITLE INSURANCE COMPANY

REMARKS:

Estelle Perwardt,
(Pearl Martin)

~~(Office)~~