

FD 7000004110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

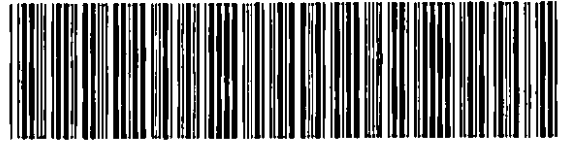
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700317316837

FILED

18 AUG 22 AM 9:09

Shawn Hoots, Staff
TALLAHASSEE, FLORIDA

RECEIVED


18 AUG 22 AM 10:45

Department of State
Division of Corporations
TALLAHASSEE, FLORIDA

AUG 23 2018

S. YOUNG

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 358541 7327806
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : August 22, 2018
ORDER TIME : 9:30 AM
ORDER NO. : 358541-005
CUSTOMER NO: 7327806

CHANGE OF AGENT

NAME: ENTITLE INSURANCE COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Entitle Insurance Company
Name of Corporation

DOCUMENT NUMBER: _____

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:

Tami Bohm

Name of Contact Person

Radian

Firm/Company

1500 Market St., #2050W

Address

Philadelphia, PA 19102

City/State and Zip Code

regulatory@radian.biz

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

For further information concerning this matter, please call:

Tami Bohm

Name of Contact Person

at (215) 231-1335

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

1. The name of the corporation: Entitle Insurance Company
2. The principal office address: 3 Summit Park Drive, #525, Independence, OH 44131
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/15/2007 Document number: State Id F07000004110
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)

CT Corporation System

1200 SOUTH PINE ISLAND ROAD

Plantation, PA 33324

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 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.

Tami G. Bohm

Signature of an officer or director

Tami Bohm, Assistant 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.

Emily Croft

Signature of Registered Agent

08/22/2018

Date

If signing on behalf of an entity:

Emily Croft

Asst. Vice President

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

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

FILED
18 AUG 22 AM 9:09
TALLAHASSEE, FLORIDA