

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Ellisty Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

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09/25/19-+01014-+016 \*\*35.00

Macrey

R. WHITE SEP 28 2018 2018 SEP 25 AMII: 32 SECRETARY OF STATE



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 21, 2018

Order#: 394603-001

Re: SWAN TITLE CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX \_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA . XCOA

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	f Maryland	
1. The name of t	he corporation: SWAN TITLE COR	RPORATION		
2. The principal	office address: 9120 Belair Road,	Notthingham, MD 21236		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 06/16/2009	Document number: F09000	0002427	
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file signed)	with the	
	NRAI Services, Inc.			
	1200 South Pine Island Road			
	Plantation	FL 33324	2018 SEC	
6. The name and (if changed):	street address of the new registered	l agent (if changed) and /or registered o	2018 SEP 25 SECRETARY	
	Corporation Service Company		AM SEE	
	1201 Hays Street		AM II: 32 OF STATE SEE, FL	
		NOT acceptable	m <b>/&gt;</b>	
	Tallahassee	FL 32301	_	
The street addre	ss of its registered office and the s be identical.	treet address of the business office of	its registered ager	nt.
Such change wa authorized by th	s authorized by resolution duly adde board, or the corporation has been	opted by its board of directors or by a en notified in writing of the change.	n officer so	
$\times$	e 2 aonie	Jill Cilmi, Vice President		
Signatur	re of an officer or director	Printed or typed name and	title	•
I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provisions of all	nt and agree to act in this capacity. I statutes relative to the proper and co and accept the obligation of my position o reflect a change in the registered off fied in writing of this change.	omplete on as registered lice address, I	
By. Cl	meley	09/21/2018		-
Sign	nature of Registered Agent	Date	•	
If signing on bel	half of an entity:			
Ami M. Casper,	Asst. Vice President			
Ty	ped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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