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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

| Email | Address: | | |
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REGISTERED AGENT CHANGE INVESTORS UNITED TITLE CORP.

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COVER LETTER

TO: Amendment Section Division of Corporations

15129570210

Investors United Title Corp. Name of Corporation

F21000001806 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:

| Vanessa (| Castillo |
|-----------|----------|
|-----------|----------|

Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at (888) 705-7274 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

CR2E045 (04/13)

H23000128486 3

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

| statement of cha | provisions of sections 607.050 nge is submitted for a corport r to change its registered offic | ation organized | l under the la | ws of the State of | Puerto Ri | со |
|------------------------------------|--|------------------------------------|----------------------------|-------------------------------------|--|----------------------------|
| 1. The name of t | the corporation: Investor | s United | Title Co | | | |
| Guayna | bo, OC 00966 | | | | | |
| | ddress (if different): | 1/2021 | | F210 | | <u></u> |
| | poration/qualification: 3/31 | | | | | |
| | I street address of the current i tment of State: (If resigned, e | | t and registere | ed office on file v | vith the | |
| | CORPORATIO | N SER | VICE C | OMPAN' | <u>Y</u> | |
| | 1201 HAYS STREET | | | | | |
| | TALLAHASSEE | ., | FL | 32301-252 | 5 | 5674 |
| 6. The name and (if changed): | I street address of the new reg | | _ | - | rnce C | |
| | 155 Office Plaz | a Dr. | Suite A | 4 | r | <u>0</u> : > 7 |
| | Tallahassee | P.O. Box NO FL | т весервавіе 323(|)1 | | ~- <u>-</u> - |
| The street addre | ess of its registered office and be identical. | d the street add | ress of the bi | siness office of | its registered a | igent. |
| Such change wa authorized by th | is authorized by resolution due board, or the corporation h | uly adopted by ias been notific | its board of ed in writing | directors or by a of the change. | n officer so | |
| Ist Jeffrey A | Desich re of an officer or director | J <u>e</u> | effrey A. | Desich | Vice Pre | sident |
| | the appointment as registere to comply with the provisions of Lam familiar with and accupy filed merely to reflect a close to notified in writing of the control of the con | | | | | mance if this at the |
| Мо | مال مزوم | 4 | 1/5/2023 | | | |
| Sign | nature of Registered Agent | | | Date | ······································ | |
| If signing on be | half of an entity: | | | | | |
| Mackenzie Hible | er, Assistant Secretary | <u> </u> | | | | |
| Ty | ped or Printed Name | | | | | |
| | * * * F | ILING 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)