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	(Requ	estors	Name)			
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Special Instructions to	Filing	Officer				
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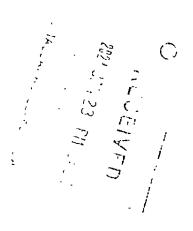
Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 280237 8437499

AUTHORIZATION :

COST LIMIT : \$ 35/00

ORDER DATE : January 22, 2024

ORDER TIME : 2:28 PM

ORDER NO. : 280237-048

CUSTOMER NO: 8437499

CHANGE OF AGENT

NAME: SOUTHWEST LAND TITLE INSURANCE

COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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

statement of cha	nnge is submitted for a corpora	2, 617,0302, 607,1308, or 617,1308, Florid tion organized under the laws of the State o e or registered agent, or both, in the State o	of TX	·
1. The name of	the corporation: SOUTHWEST	LAND TITLE INSURANCE COMPANY		
2. The principal	office address: SPRINGS RD AUSTIN, TX 78			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 11/29/2	Document number: F2100)0007132	
	d street address of the current re rtment of State: (If resigned, en	egistered agent and registered office on file ter resigned)	with the	
	C T CORPORATION SYSTE	EM		
	1200 SOUTH PINE ISLAND	_		
	PLANTATION	FL 33324	- 3671	
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or registered (ω	- 4
	Corporation Service Compar	ny	S. J. S.	
	1201 Hays Street	P.O. Box NOT acceptable	PH 4: 04 F STATE SEE FL	Marie 7
	Tallahassee	FL 32301	_	
The street addreas changed will	ess of its registered office and be identical.	the street address of the business office of	its registered	agent,
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation ha	ly adopted by its board of directors or by a seen notified in writing of the change.	ın officer so	
Xie	9 CONTE	Jill Cilmi, Vice	President	
1 lo (mubu) ana ani	te of an officer of director the appointment as registered to comply with the provisions ad I am familiar with aid acce ng filed merely to reflect a che s been notified in writing of the	Printed or typed name and agree to act in this capacity of all statutes relative to the proper and copt the obligation of my position as register ange in the registered office address. I her is change.		rmance if this hat the
Corporatioı عمد ک By:	n Service Company L. C. Kv. b\	01/19/2024		
_	nature of Registered Agent half of an entity:	Date		
	•			
	Asst. Vice President yped or Printed Name			
•	• •			

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