F86835

(Requestor's Name)			
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	= #)	
PICK-UP	☐ WAIT	MAIL	
(D.)	siness Entity Nan		
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	<u> </u>		
(Do	cument Number)		
Certified Copies Certificates of Status			
Special Instructions to	Eiling Officer		
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Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Lawyers' Title Guaranty	y Fund, Inc.
SUBJECT: Lawyers' Title Guaranty (Nam	ne of corporation)
DOCUMENT NUMBER: F86835	
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	iter to the following:
	Norwood Gay, III
(Na	ame of person)
	eys' Title Insurance Fund, Inc. of firm/company)
(Manue	or influeompany)
F.O.	Page 629600
	. Box 628600 (Address)
Orland	do, FL 32862-8600
	state and zip code)
For further information concerning this matter, pleas	e call:
Ted Conner	-= at (800) 432-9594, Extension 7236
(Name of person)	at (800) 432-9594, Extension 7236 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Dep	partment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street
Tallahassee, FL 32314	Tallahassee, FL 32399

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

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•	•	, 607.1508, or 617.1508, Florida Statutes, this s	
•	ed for a corporation organized under the stered office or registered agent, or both,	-	in order
	-		
	e corporation: Lawyers' Title Guaranty		
2. The principal o	ffice address: 6545 Corporate Centre E	3lvd.	
	Orlando, FL 32822		
3. The mailing ad	dress (if different): P.O. Box 628600		
	Orlando, FL 32862-	8600	
4. Date of incorpo	oration/qualification: 07/01/1982	Document number: F86835	
5. The name and s Florida Departr	street address of the current registered agreent of State:	ent and registered office on file with the	0
_	R. James Knox	ALL ALL	T - 1
_	6545 Corporate Centre Blvd		PETA P
_	Orlando, FL 32822	(N)	PY OF T
6. The name and s (if changed):	street address of the new registered agent	(if changed) and /or registered office	WAY II PH 3: 50
-	W. T. Conner	 	5×
	6545 Corporate Centre Blvd	i .	
-	(P.O. Box or personal m	ailbox NOT acceptable)	. "
	Orlando, FL 32822		
The street addres changed will be i	s of its registered office and the street a deptical.	address of the business office of its registered	agent, as
Such change was the board, or the	duthorized by resolution duly adopted dorporation has been notified in writing	by its board of directors or by an officer so at g of the change.	athorized by
	practite of administration of director)	R. Norwood Gay, III, Vice President (Printed or typed name and title)	<u>t</u> -
I hereby accept t I further agree to duties, and I am being filed merel been notified in v	he appointment as registered agent and comply with the provisions of all statu familiar with and accept the obligation y to reflect a change in the registered o writing of this change.	d agree to act in this capacity. Ites relative to the proper and complete perfore of my position as registered agent. Or, if this office address, I hereby confirm that the corpo	mance of my s document is ration has
(1)	Valar	5-12/04	
(Signature of Registered Agent)	(Date)	
If signing on beh	alf of an entity:		
	(Typed or Printed Name)	(Capacity)	

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