

F86835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

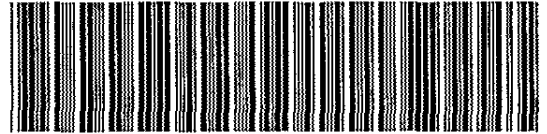
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500035393555

05/12/04--01056--006 **175.00

FILED
04 MAY 11 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/18

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lawyers' Title Guaranty Fund, Inc.
(Name of corporation)

DOCUMENT NUMBER: F86835

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:

R. Norwood Gay, III
(Name of person)

Attorneys' Title Insurance Fund, Inc.
(Name of firm/company)

P.O. Box 628600
(Address)

Orlando, FL 32862-8600
(City/state and zip code)

For further information concerning this matter, please call:

Ted Conner at (800) 432-9594, Extension 7236
(Name of person) (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
409 E. Gaines Street
Tallahassee, FL 32399

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

FILED
04 MAY 11 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA