G15045

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: North	Star Title Insurance Agency, Inc.
DOCUMENT NUMBER: G15045	
The enclosed Articles of Amendment and	
Please return all correspondence concerni	ng this matter to the following:
Suzanne S	calise
	Name of Contact Person
North Star	Title Insurance Agency, Inc.
	Firm/ Company
1103 Cape	Coral Parkway, E., Suite B
	Address
Cape Coral	l, Florida 33904
	City/ State and Zip Code
	·
	ar@comcast.net
E-mail address	s: (to be used for future annual report notification)
For further information concerning this ma	atter, please call:
Suzanne Scalise	at (239) 945-7888
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filin Certificate o	• • • • • • • • • • • • • • • • • • • •
Mailing Address Amendment Section Division of Corporation P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

North Star Title Insurance Agency, Inc.	Elavida Dant of Stata)				
(Name of Corporation as currently filed with the G15045	riorida Dept. 01 State)				
(Document Number of Corporation	(if known)	· · · · · · · · · · · · · · · · · · ·			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation add	ppts the followi	ng amend	lment(s) to	
A. If amending name, enter the new name of the corporation:					
				new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporat				
B. Enter new principal office address, if applicable:	1103 Cape Coral Pkw	y. E, Suite	В		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Cape Coral, Flori	da 3390	4		
			_		
C. Enter new mailing address, if applicable:	1103 Cape Coral Pkwy. E., Suite B				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Cape Coral, Flori	da 3390	4		
	<u> </u>		<u>-</u>		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		e of the	_		
Name of New Registered Agent					
(Florida s	treet address)		TAL SE	14	
New Registered Office Address: (City	, Florida_	(Zip Code)	CRETAR LAHASS	AUG 26	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar			Y OF STATE SEE, FLORID,	PM 3: 43	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change			<u> </u>	
Remove				
2) Change		_		
Remove				
3) Change		_		
Remove				
4) Change		_		
Remove				
5) Change				
Add Remove				
6) Change				
Add				
Remove				

(Attach <i>addi</i>	g o <u>r adding additional Art</u> tional sheets, if necessary).	(Be specific)	<u>(e(s) nere</u> ;		
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provisions	Iment provides for an exc for implementing the am applicable, indicate N/A)	hange, reclassifice endment if not co	ation, or cancells ntained in the an	ation of issued shar nendment itself:	es,
	···				
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The date of each amendment	i(s) adoption: August 25, 2014	, if other than the
date this document was signed		
Effective date if applicable:	August 25, 2014	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
_{Dated} Aug	ust 25, 2014	
Signature	·	
	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator — if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Suzanne Scalise	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

. . . .