-Fax-Server Division of Corporations



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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone

: (850)521-1000

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN METROPOLITAN TITLE & GUARANTY COMPANY

Certificate of Status	0
Certified Copy	1
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Articles of Amendment to Articles of Incorporation of

Metropolitan Title & Guaran	ty Company
(Name of Corporation as currently filed with	the Florida Dept. of State)
. G30524	
(Document Number of Corporat	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Status amendment(s) to its Articles of Incorporation:	tes, this Flortdu Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	m:
PGP Title of Florida,	
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associations are contained to the word "chartered," "professional associations are contained to the word "corp and the word "corp are contained to the word "co	orp," "Inc," or "Co". A professional corporation ation," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:	100 Bloomfield Hills Pkwy, Ste 300
(Principal office address MUST BE A STREET ADDRESS)	Bloomfield Hills, MI 48304
C. Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BOX)	100 Bloomfield Hills Pkwy Suite 300 DA
•	Bloomfield Hills, Michigan 48304
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent:	
New Registered Office Address: (Flori	idu street address)
	Florida
(Ciny)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fumi	
Signature of New	Registered Agent, if changing

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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) Title Address Name Type of Action Jan M. Klym 100 Bloomfield Hills Pkwy ☑ ∧dd Ste. 300 ☐ Remove Bloomfield Hills, MI 48304 Christy Tabor AS 2728 N Harwood Street _ 🖸 Add ☐ Remove Dallas TX 75201 Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment	(s) adoption: March 24, 2010
	(date of adoption is required)
Effective date if applicable:	(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 voice cast for the amendment(s) are sufficient for approval.
	e approved by the shareholders through voting groups. The following statement of or each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	
<u>-</u>	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wei action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated Marc	h 24, 2010
Signature	Aug n. Alton
(By	a director, president or other officer - if directors or officers have not been
	cted, by an incorporator - It in the hands of a receiver, trustee, or other court
appo	pinted fiduciary by that fiduciary)
	Jan M. Klym
,	(Typed or printed name of person signing)
	Assistant Secretary
,	(Title of person signing)