P72000127979

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PICK-UP	☐ WAIT	MAIL		
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SECRETARY OF STATE

31.07

COVER LETTER

TO: Amendment Section Division, of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: DOMIN	nion Title Insurance	, Inc
DOCUMENT NUMBER: POQO	00127979	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Carrie	Robles Contact Person)	
Dominion	THE Inc.	
12386 SU	Nadress) 82 Ave	,
Miami (City/ State	F1. 33156 te and Zip Code)	
For further information concerning this matter, pl	lease call:	
Carrie Robles (Name of Contact Person)	at (305) 4315409 (Area Code & Daytime Telephone Number	 er)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee & Certified Copy Certificate (Additional copy is enclosed) (Additional is enclosed)	of Status Copy I Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301



February 6, 2007

CARRIE ROBLES 12386 SW 82 AVENUE MIAMI, FL 33156

SUBJECT: DOMINION TITLE INSURANCE, INC.

Ref. Number: P02000127979

We have received your document for DOMINION TITLE INSURANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 507A00008888

Carol Mustain Document Specialist

Articles of Amendment

to

Articles of Incorporation

(Name of corporation as currently filed with the Florida Dept. of State)
PO2000127979 (Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing): Domin on Title ASSUrance Toc. (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
O7
ARETA TO
SERY - F
STATE ORIDA
(Attach additional pages if necessary)
If an amendment provides for 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)

(continued)

The date of each amendment(s) ad	option:	m07	
Effective date if applicable:(no me	2 · 1 · 07 ore than 90 days after a	en mendment fil	ASAP e date)
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/w the amendment(s) by the s			ers. The number of votes cast for nt for approval.
	be separately provi		ers through voting groups. The h voting group entitled to vote
"The number of votes	cast for the amend	nent(s) was	s/were sufficient for approval by
	oting group)		,
The amendment(s) was/w and shareholder action was		board of di	rectors without shareholder action
The amendment(s) was/w shareholder action was no		incorporato	rs without shareholder action and
selected, by a	president or other offin incorporator - if in the	e hands of a	ors or officers have not been receiver, trustee, or other court
	(Typed or printed n	Rob ame of person	n signing)
	Presio	len+	

FILING FEE: \$35