

P05000125271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

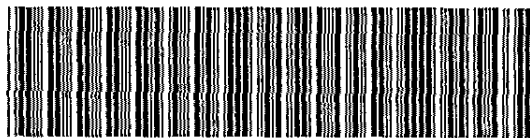
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/18/07--01019--021 **43.75

FILED
07 FEB -2 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-2-2-01
* Central State
2-2-01
1-2-2-01
1-2-2-01

JOSEPH A. TROIANO, ESQ., PA

A PROFESSIONAL ASSOCIATION

12800 UNIVERSITY DRIVE, SUITE 380
FORT MYERS, FL 33907
239.482.3998 DIRECT
239.823.5222 CELL PHONE
239.466.2866 FAX
jat621@comcast.net

January 15, 2007

PRIVATE AND CONFIDENTIAL

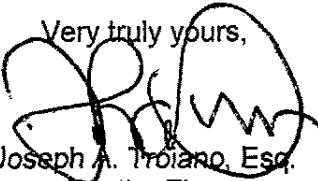
Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed for filing please find Articles of Correction for Corporate Title Insurance, Inc. together with our check in the amount of \$43.75 for the required filing fee and Certificate of Status.

After approval, please return the Certificate of Status to this Office in the postage paid return envelope enclosed.

Thank you for your assistance. Should you have any questions or require additional information, please feel free to contact me.

Very truly yours,

Joseph A. Troiano, Esq.
For the Firm

JAT/nd
Enclosures
cc: Client

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATE TITLE INSURANCE, INC.

(Name of Corporation)

DOCUMENT NUMBER: P05000125271

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH A. TROIANO, ESQ.

(Name of Contact Person)

JOSEPH A. TROIANO, ESQ., PA

(Firm/Company)

12800 UNIVERSITY DRIVE, SUITE 380

(Address)

FORT MYERS, FL 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH A. TROIANO, ESQ.

(Name of Contact Person)

at (239) 482-3998

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☒ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2007

JOSEPH A. TROIANO
12800 UNIVERSITY DRIVE, SUITE 380
FORT MYERS, FL 33907

SUBJECT: CORPORATE TITLE INSURANCE, INC.
Ref. Number: P05000125271

We have received your document for CORPORATE TITLE INSURANCE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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.

Carol Mustain
Document Specialist

Letter Number: 607A00004949

**Articles of Amendment
to
Articles of Incorporation
of**

CORPORATE TITLE INSURANCE, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P05000125271

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

CORPORATE TITLE INSURANCE AGENCY, INC.

(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)**

(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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The date of each amendment(s) adoption: 01/03/07

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

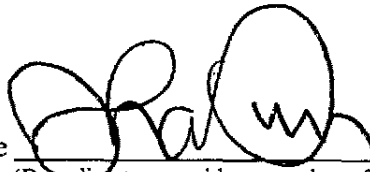
- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by

(voting group)"

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JOSEPH A. TROIANO

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

FILING FEE: \$35