

P08000021070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

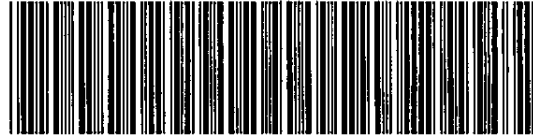
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

SPOKE WITH TODD SURBER
Requested To correct Adoption
of AMENDMENT 8/18/16

Office Use Only



500288635905

08/04/16--01014--009 **35.00

16 AUG 19 AM 8:13
STATE
CLERK
CONFIRMATION

AUG 16 2016

C McNAIR

AUG 18 2016

C McNAIR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2016

TODD E. SURBER
INDEPENDENCE TITLE INSURANCE AGENCY
830 SE 5TH AVE
DELRAY BEACH, FL 33483

SUBJECT: INDEPENDENCE TITLE INSURANCE AGENCY, INC.
Ref. Number: P08000021070

We have received your document for INDEPENDENCE TITLE INSURANCE AGENCY, 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):

PLEASE CHECK ONLY ONE ADOPTION OF AMENDMENT BOX.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 816A00017268

RECEIVED
DIVISION OF CORPORATIONS
16 AUG 19 11 48:43

RECEIVED
DIVISION OF CORPORATIONS
16 AUG 19 01 8:43

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Independence Title Insurance Agency, Inc
DOCUMENT NUMBER: P08000021070

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TODD E. SURBER
Name of Contact Person
Independence Title Insurance Agency, Inc
Firm/ Company
830 SE 5th Ave.
Address
Delray Beach, FL 33483
City/ State and Zip Code
TSURBER@INDYTITLE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TODD E. SURBER at (561) 445-3872
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

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

Articles of Amendment
to
Articles of Incorporation
of

Independence Title Insurance Agency, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P08000021070

(Document Number of Corporation (if known))

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 19 11 PM '43

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

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

830 SE 5th Ave.
Delray Beach, Fl. 33483

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

830 SE 5th Ave.
Delray Beach, Fl. 33483

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

TODD E. SARBER

830 SE 5th Ave.

(Florida street address)

New Registered Office Address:

Delray Beach

(City)

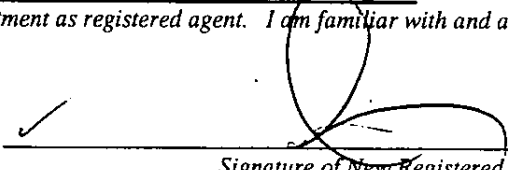
, Florida

33483

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


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 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----------------|------------------------|-------------------------------------|
| 1) <input type="checkbox"/> Change | <u>P/T/S/D</u> | <u>RONALD L. PLATT</u> | <u>205 NE 5th Terr.</u> |
| <input type="checkbox"/> Add | | | <u>Delray Beach, Fl. 33444</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input checked="" type="checkbox"/> Change | <u>P/T/S/D</u> | <u>TODD E. SURBER</u> | <u>830 S.E. 5th Ave.</u> |
| <input checked="" type="checkbox"/> Add <u>PLP</u> | | | <u>Delray Beach, Fl. 33483</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: August 1, 2016
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted 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.

Dated July 18, 2016

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)

RONALD L. PLATT
(Typed or printed name of person signing)

President, Treasurer, Secretary, Director
(Title of person signing)