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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086

Phone : (561)508-5033 Fax Number : (561)694-1639

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REGISTERED AGENT CHANGE MTI TITLE INSURANCE AGENCY, INC.

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A. BUTLER

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

in order to change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: MTI TITLE INSURANCE AGENCY, INC. 2. The principal office address: 27544 CASHFORD CIRCLE, SUITE 101 WESLEY CHAPEL, FL 33544 3. The mailing address (if different): 4. Date of incorporation/qualification: 05/14/2008 Document number: P08000048554 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Joseph P. Sutter 27544 CASHFORD CIRCLE, SUITE 101 WESLEY CHAPEL, FL 33544 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): United Agent Group Inc. 801 US Highway 1 P.O. Box NOT acceptable North Palm Beach, FL 33408 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Sugnature of its registered office and the street address of the business office of its registered agent, as changed will be identical. Sugnature of an infector of mecker I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent of the registered agent of the corporation has been notified in writing of this change. 1 hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the c	•		0502, 607.1508, or 617.1508, Florida Sta		is
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