

P08523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

C. LEWIS
AUG 1 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Old Republic Financial Acceptance Corporation
Name of Corporation

DOCUMENT NUMBER: P08523

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eileen Loechel

Name of Contact Person

Republic Insured Credit Services, Inc.

Firm/Company

307 N. Michigan Ave.

Address

Chicago, IL 60601

City/State and Zip Code

eileen_loechel@republicics.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eileen Loechel

Name of Contact Person

at (312) 762-4706

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Old Republic Financial Acceptance Corporation
2. The principal office address: 307 N. Michigan Avenue, Chicago, Illinois 60601
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/24/1985 (FL) Document number: P08523
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)

Daniel R. Aidif, P.A.

501 East South Street, Suite A

Orlando, Florida 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, Florida 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writing of the change.

Carl H. Brauer
Signature of an officer or director

Carl H. Brauer, Executive Vice President
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

7/10/2014
Date

If signing on behalf of an entity:

DINA BAILEY, ASST. SECRETARY
Typed or Printed Name

*** FILING FEE: \$35.00 ***

FILED
SECRETARY OF STATE
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