FILED

2003 FOR PROFIT CORPORATION

Apr 18, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P94000021077 DOCUMENT # 1. Entity Name 04-18-2003 90209 011 ***150.00 REGENCY TITLE GROUP, INC. Principal Place of Business Mailing Address 37 N. ORANGE AVE. 37 N. ORANGE AVE. STE. 210 STE. 210 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3237772 Not Applicable Zip Country Zip Country 5:-Gertificate of Status Desired-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GASDICK, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 37 N. ORANGE AVE. **STE 210** ORLANDO FL 32801 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ☐ Addition Stanton, A.J. Jr STANTON, A J III NAME NAME STREET ADDRESS 37 N. ORANGE AVE., STE. 210 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GASDICK, MICHAEL J NAME NAME 37 N. ORANGE AVE., STE 210 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIE CITY-ST-ZIP= ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP