## 0253 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time Photocopy Certificate of Status Mail out Will wait AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER KILINGS QUALIFICATION \*\*\*\*\*35.00 \*\*\*\*\*35.00 Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

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

	e provisions of sections 607.0502, 617.0 d corporation organized under the laws o		rida Statutes,
•	lowing statement in order to change its r	•	ent. or both. in
the State of Flo	- <del>-</del> · · ·		
1. The name of	the corporation is: REALTY TITLE	INSURANCE CORP	, 
			25/2 4/1 A
2. The mailing	address of the corporation is: 1045 JENE	S AVENUE	4 ( ) ( ) 30 M
	PANAMA CI	TY, FL 32401	
3. Date of inco	orporation/qualification: March 19, 199	9 Document number: P990	)00025366 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4. The name ar	nd address of the current registered agent a	and office:	104
	Dean R. Holder	,	
	1045 Jenks Avenue	· . ·	
5. The name an	Panama City, FL 32401 and address of the new registered agent and	office: (P. O. Box Not Acceptab	le)
	F. J. Gross		
	1045 Jenks Avenue		
	Panama City. FL 32401		
_	ress of its registered office and the street ged, will be identical.		
Such change vauthorized by	vas authorized by resolution duly adopted the board.	by its board of directors or by a	n officer so
(Signature	e of an officer, chairman or vice chairman of the board		9
R	M. Sandrie , Chair. (Printed or typed name and title)		-
corporation, I I further agree performance o registered age		rervice of process for the above sered agent and agree to act in the utes relative to the proper and caccept the obligation of my posit	stated is capacity. omplete ion as
	(Signature of Registered Agent)	06/15/99	
	(Signature of Registered Agent)	06/15/99 (Date)	<del></del>
If signing on beh	alf of an entity:		
	F.J. Gross (Typed or Printed Name)	Pres. (Capacity)	
	•	X : X = 37	

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