## P99000086093

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<u>                                     </u>
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SEP 1 4 2017 I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell

tecora.bell@cscglobal.com

Date: September 5, 2017

Order#: 772449/382

Re: PREMIUM TITLE SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Tecora Bell | c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

	provisions of sections					
	nge is submitted for a					_
	r to change its register 			in, in the state of .	r wiuu.	
1. The name of t	he corporation: PREM	IIUM TITLE SERVIC	CES, INC.			
2. The principal	11					
	thy Rd Ste 200 Atlan	ta GA 30328-5604				
3. The mailing a	ddress (if different):	<u> </u>				
4. Date of incorp	oration/qualification:	09/28/1999	Document	number: <u>P99000</u>	086093	
	street address of the timent of State: (If res	igned, enter resigned l	ent and register			
	C T CORPORATION	SYSTEM			_	
	C/O C T CORPORA	TION SYSTEM			_	
	PLANTATION		FL	33324	7. SE	
6. The name and (if changed):	I street address of the	new registered agent	t (if changed) an	nd /or registered o	25   1   1   1   1   1   1   1   1   1	
	Corporation Service	Сотрапу			- (**) - (**)	П
	1201 Hays Street				50 At	
		PO Box NOT:			, T	
	Tallahassee		FL	32301	<del>-</del> -	
The street address changed will	ess of its registered of be identical.	 Tice and the street a 	ddress of the bu	asiness office of i	its registered age	ent.
Such change wa authorized by th	as authorized by resol ne board, or the corpo	ution duly adopted ration has been not	by its board of of the direction of the direction writing of the direction	directors or by an of the change.	officer so	
$\sim$	ee 2 a Ou	lie	Jill Cilmi, Vice	President		
Signitu	re of an officer or director		Print	led or typed name and t	itle	_
I further agree a performance of agent. Or, if the hereby confirm	the appointment as r to comply with the pr my duties, and I am f is document is being , that the corporation on Service Compa	òvisions of all statu Amiliar with and ac filed merely to refle has been notified in	tes relative to the ecept the obliga- ct a change in t	ne proper and cor tion of my position the registered offi		
By: Il	see Cekuby	,	08/31/2017			_
Sig	nature of Registered Agent			Date		
If signing on be	half of an entity:					
Grace E. Kirby,	Asst. Vice President	·				
T	yped or Printed Name					
		* * FILING FEI	E: \$35.00 * * *			
М	MAKE CHECK AIL TO: DIVISION OF	SPAYABLE TO FLOE CORPORATIONS, P.C	rida Departmi D. Box 6327, Ta	ENT OF STATE ALLAHASSEE, FL	32314	

CR2E045 (03/12)