I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CINDI OWEN BRILEY

Electronic Signature of Signing Officer/Director Detail

Entity Name: OWEN TITLE COMPANY, INC.

Current Principal Place of Business:

2865 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308

Current Mailing Address:

2865 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308 US

FEI Number: 59-2940757

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

OWEN BRILEY, CINDI 286 ΤA

The ent, or both, in the State of Florida.

SI

Officer/Director Detail :			
Title	PD	Title	VP
Name	BRILEY, CINDI OWEN	Name	BRILEY, RANDOLPH K
Address	2865 REMINGTON GREEN CIRCLE	Address	2865 REMINGTON GREEN CIRCLE
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32308

ALLAHASSEE, FL 32308 US
e above named entity submits this statement for the purpose of changing its registered office or registered agen
IGNATURE:

FILED Jan 13, 2014 Secretary of State CC8938165623

Date

Certificate of Status Desired: No

City-State-Zip: TALLAHASSEE FL 32308

PRESIDENT

01/13/2014

Date