



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/18/2017	201734903488	Foreign/Amendment (FAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

FIRST AMERICAN TITLE INSURANCE COMPANY
ATTN: DENISE CLAUSE
1 FIRST AMERICAN WAY
SANTA ANA, CA 92707

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
1575853

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

FIRST AMERICAN TITLE INSURANCE COMPANY

and, that said business records show the filing and recording of:

Document(s)

Foreign/Amendment

Document No(s):

201734903488

Effective Date: 12/14/2017



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
18th day of December, A.D. 2017.

Ohio Secretary of State

Form 565 Prescribed by:

JON HUSTED

Ohio Secretary of State

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216Expedite Filing (Two business day processing time.
Requires an additional \$100.00)P.O. Box 1300
Columbus, OH 43216

For screen readers, follow instructions located at this path.

Certificate of Amendment to Foreign Licensed Corporation Application (For-profit or Nonprofit Foreign Corporation)

Filing Fee: \$50

(179-FAM)

Form Must Be Typed

A foreign corporation must file a Certificate of Amendment if, in amending its articles of incorporation, it modifies any of the information included in its application for license to transact business in Ohio or in any amendment to that application.

17 DEC 14 AM 10:22

Complete the following information (as currently on file in the Ohio Secretary of State's Office).

The foreign corporation named below amends its application for its license to transact business in Ohio.

Name of Corporation

(as registered in Jurisdiction of Formation)

Assumed Name used in Ohio (if applicable)

Jurisdiction of Formation

Ohio License Number

Complete only the information below that has been amended.

The information provided below supersedes the information currently on file with the Ohio Secretary of State's Office.

Name of Corporation

(as registered in Jurisdiction of Formation)

Assumed Name used in Ohio (if applicable)

Jurisdiction of Formation

Location of principal office

Mailing Address

City

State

ZIP Code

Location of any Ohio office

Mailing Address

City

State

ZIP Code

A brief summary of the corporate purpose(s) to be exercised within the state:

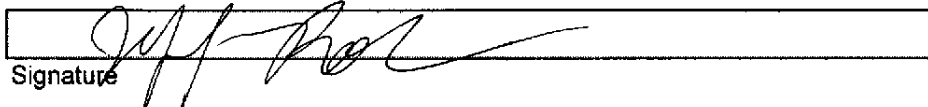
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized officer of the corporation.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Signature

By (if applicable)

Jeffrey S. Robinson, SVP and Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name