

B05000000070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

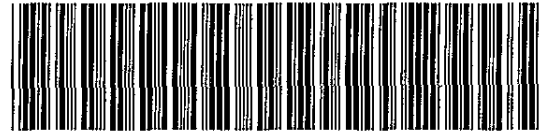
Document
Examiner _____ Office Use Only

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Updater
Verifier

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Preparer DCC



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2005 DEC 23 P 4: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



COLEMONT
BROKERAGE GROUP

December 20, 2005

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Colemont Insurance Brokers of Texas LP – Address Change

To Whom It May Concern:

Enclosed please find an executed address change amendment for the above named entity. I have included an original document, one copy, and a self-addressed stamped envelope. Please return a filed copy to my attention.

I am also including our check #1468, payable to “Department of State” in the amount of \$105.00.

Please feel free to contact me directly should there be any questions regarding the filing. I can be reached at 860-678-0219.

Best regards,

Laura A. Maragnano

Laura A. Maragnano
Director of Compliance

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 DEC 23 P 4: 38

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Colemont Insurance Brokers of Texas LP
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: B0500000070

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura A. Maragnano
(Name of Person)

Colemont Brokerage Group Inc.
(Firm/Company)

195 Farmington Ave., Suite 208
(Address)

Farmington, CT 06032
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura A. Maragnano at (860) 678-0219
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee & Certificate of Status
- \$105.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$113.75 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2005 JUN 2 P 4: 38
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 TALLAHASSEE, FLORIDA

**CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF**

Colemont Insurance Brokers of Texas LP

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Amendment to its registration application:

The registration application is amended as follows:

The Limited Partnership is changing its principal office location address to:

5910 North Central Expressway, Suite 500, Dallas, TX 75206

The address of the General Partner of the Limited Partnership is changing to:

5910 North Central Expressway, Suite 400, Dallas, TX 75206

The address of the office which keeps a list of names and addresses of the limited and their capital contributions is changing to:

5910 North Central Expressway, Suite 400, Dallas, TX 75206



(Signature of a General Partner)

Joy J. Keller, Vice Pres. & Asst. Secy. of CIB GP Inc., general partner

(Typed or printed name of General Partner signing above)

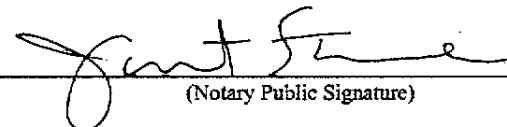
STATE OF TEXAS

COUNTY OF ~~TARRANT~~ DALLAS

On this 12th day of December, 2005, Joy J. Keller personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

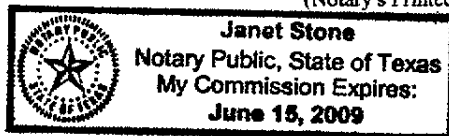


(Notary Public Signature)

JANET STONE

(Notary's Printed Name)

Seal



My Commission Expires:

6-15-09

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TALLAHASSEE, FLORIDA

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