Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000176722 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

i (850)222-1092

Phone Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for f annual report mailings. Enter only one email address please.*;

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION COLEMONT INSURANCE BROKERS OF TEXAS, LP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

S. HAWKES

AUG 6 - 2010

EXAMINER

10 AUG -5 AH 11: 07
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Colemont Insurance Brokers of Texas, LP Name of Foreign Limited Liability Company				
Dear Sir or Madam:				
The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) of Managing Member(s) and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Sandy Sanders				
Name of Person				
AmWINS Group, Inc				
Firm/Company				
4705 Dissipport Boys Bulgo Cuito 200				
4725 Pledmont Row Drive Suite 600 Address				
vantese				
Charlotte, NC 28210				
City/State and Zip Code				
sandy.sanders@amwins.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Sandy Sanders at (704) 749-2752				
Name of Person - Area Code and Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314 - Tallahassee, Florida 32301				
Enclosed is a check for the following amount: \$\sum_{\text{\$\frac{1}{2}}}\$\$ Filing Fee \$\sum_{\text{\$\frac{1}{2}}}\$\$ S55.00 Filing Fee \$\sum_{\text{\$\frac{1}{2}}}\$\$ Certificate of Status \$\text{\$\frac{1}{2}}\$\$ Certified Copy				

CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

The name of the limited liability compartment of State is: Colemon	ny as it appears on the records of the Florida Insurance Brokers of Texas, LP		
2. This entity was formed under the laws o	f: TX		
3. This entity was authorized to transact bu and its Florida document/registration numb			
4. The name and address of each manager	or managing member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
M. Steven DeCarlo - mgr	4725 Pledmont Row Drive Sulte 600 Charlotte, NC 28210		
Scott M. Purviance - mgr	4725 Pledmont Row Drive Sulte 600 Charlotte, NC 28210		
See Attached	Challotte, 140 20210		
<u></u>			
Required Signature: Signature of Manager,	Managing Member or Member		

Filing Fee: \$25

Managers and Officers for Colemont Insurance Brokers of Texas, LP

CIB,GP Inc
Todd X Teitell
Gerald Murphy
Scott Purviance
Steve DeCarlo
Angela Highea
General Partner
President
Officer
Officer/manager
Officer/manager

