

4/6/2015 10:49:15 From: To: 8586176380

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
NATIONAL EMPLOYEE BENEFIT COMPANIES, INC.**

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APR 07 2014

C. CARROTHERS

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Employee Benefit Companies, Inc.
Name of Corporation

DOCUMENT NUMBER: FC0000003879

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

heather.carpenter@amwins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
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☐ \$52.50 Filing Fee,
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Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F00000003879

(Document number of corporation (if known))

1. National Employee Benefit Companies, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Rhode Island

(Incorporated under laws of)

3. 7-11-2000

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 04/01/2015

5. AmWINS Group Benefits, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Scott M. Purviance
(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Scott M. Purviance

(Typed or printed name of person signing)

Vice President

(Title of person signing)

SECRETARY OF STATE
ALL AMENDMENTS
FILED IN FLORIDA

15 APR -6 AM 8:05

FILED



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that articles of amendment were filed in this office on the ninth day of March, 2015 with an effective date of the first day of April, 2015 changing the corporation name from National Employee Benefit Companies, Inc. to AmWINS Group Benefits, Inc..

SIGNED AND SEALED this 2nd
day of April, 2015.

Secretary of State

By

