

F03000005022

Florida Department of State
Division of Corporations
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To: ****RESUBMIT****
 Division of Corporations
 Fax Number : (850) 617-6380

From:
 Account Name : CORPORATION SERVICE COMPANY
 Account Number : I20000000195
 Phone : (850) 521-1000
 Fax Number : (850) 558-1515

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
BROWN & BROWN INSURANCE SERVICES OF SAN ANTONIO, INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

[Handwritten signature]
7/11/11

Electronic Filing Menu Corporate Filing Menu Help



July 8, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BROWN & BROWN INSURANCE SERVICES OF SAN ANTONIO, INC.
3201 CHERRY RIDGE DR
SUITE D405
SAN ANTONIO, TX 78230

SUBJECT: BROWN & BROWN INSURANCE SERVICES OF SAN ANTONIO, INC.
REF: F03000005022

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE CORRECT BOX 4 FILE DATE TO READ JULY 13, 2011.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

FAX Aud. #: H11000176153
Letter Number: 211A00016332

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Brown & Brown Insurance Services of San Antonio, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F03000005022

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Briand
(Name of Contact Person)

Brown & Brown, Inc.
(Firm/Company)

3101 W Dr Martin Luther King Jr Blvd, Suite #400
(Address)

Tampa, FL 33607
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Briand at (813) 222-4226
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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 TRANACT BUSINESS IN FLORIDA
 (Pursuant to s. 607.1504, F.S.)**

**SECTION I
 (1-3 MUST BE COMPLETED)**

F03000005022

(Document number of corporation (if known))

1. Brown & Brown Insurance Services of San Antonio, Inc.

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

2. Texas

(Incorporated under laws of)

3. 10/09/2003

(Date authorized to do business in Florida)

FILED
 2011 JUL 11 AM 9:04
 SECRETARY OF STATE
 TALLAHASSEE, 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? 7/01/2011

5. Brown & Brown Lone Star Insurance Services, 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)


 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Laurel L. Grammig
 (Typed or printed name of person signing)

Vice President
 (Title of person signing)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on June 13, 2011, delayed effective date of July 1, 2011, Brown & Brown Insurance Services of San Antonio, Inc., a Domestic For-Profit Corporation (file number 800017416), changed its name to Brown & Brown Lone Star Insurance Services, Inc.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 06, 2011.



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State