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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
SEGUROS SIN BARRERAS INSURANCE AGENCY, INC.**

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SEGUROS SIN BARRERAS INSURANCE AGENCY, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "LM INSURANCE AGENCY, INC.", THE ELEVENTH DAY OF OCTOBER, A.D. 2011, AT 1:34 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEGUROS SIN BARRERAS INSURANCE AGENCY, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9098953

DATE: 10-18-11

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