

6/13/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H18000177062 3)))



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Fax Number : (850)617-6380

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CORPORATION DIVISION

\*\*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  
BB&T INSURANCE SERVICES, INC.

Requesting original  
filing date of  
6/13/2018

Certificate of Status	0
Certified Copy	1
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June 14, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BB&T INSURANCE SERVICES, INC.  
C/O LISA I. MOBERLY BB&T  
200 WEST SECOND STREET 3RD FLOOR LEGAL  
WINSTON-SALEM, NC 27101US

SUBJECT: BB&T INSURANCE SERVICES, INC.  
REF: F98000003864

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.

FOR ITEM #4, THE DATE THE NAME CHANGE OCCURRED IS REQUIRED.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

FAX Aud. #: H18000177062  
Letter Number: 118A00012394

RECEIVED  
18 JUN 14 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**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.)

FILED  
 18 JUN 13 AM 8:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

F98000003864  
 \_\_\_\_\_  
 (Document number of corporation (if known))

1. BB&T Insurance Services, Inc.  
 \_\_\_\_\_  
 (Name of corporation as it appears on the records of the Department of State)
2. North Carolina \_\_\_\_\_ 3. 07/08/1998  
 (Incorporated under laws of) (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? 6/8/2018

5. McGriff 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)

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.

Mary M. Gregory  
 \_\_\_\_\_  
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Mary M. Gregory  
 \_\_\_\_\_  
 (Typed or printed name of person signing)

Secretary  
 \_\_\_\_\_  
 (Title of person signing)



# NORTH CAROLINA Department of the Secretary of State

## CERTIFICATE OF NAME CHANGE

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that on the 7th day of June, 2018, an Articles of Amendment duly executed by the proper officer to change the corporate name of the business entity named below, were filed in this office with an effective date of the 8th day of June, 2018:

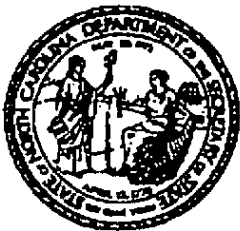
Name at time of submission of Articles of Amendment:

**BB&T INSURANCE SERVICES, INC.**

Name Change To

**MCGRUFF INSURANCE SERVICES, INC.**

I FURTHER CERTIFY that this certificate is in compliance with North Carolina General Statutes 55D-26 and may be recorded in the office of the Register of Deeds in the same manner as deeds, the former name of the corporation appearing in the "Grantor" index and the amended name of the corporation appearing in the "Grantee" index.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of June, 2018.

*Elaine F. Marshall*

Secretary of State