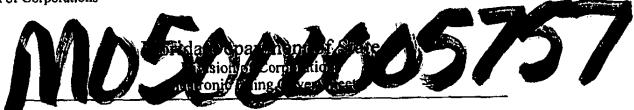
**Division of Corporations** 

Page 1 of 1



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.

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To:

Division of Corporations

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA00000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

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

dmail	Address:					
CMA11	WOOLGES:	 	 	 	 	_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEECHER CARLSON INSURANCE AGENCY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

MAR 0 7 2014

Electronic Filing Menu

Corporate Filing Menu

Help

D. BRUCE

TO: Registration Section

# 2014 MAR - 6 AM 8: 5

## **COVER LETTER**

Division of Corporations								
SUBJECT: Beecher Carlson Insurance Agency, L	.LC							
<del></del>	Name of Foreign Limited Liability Company							
Dear Sir or Madam:								
The enclosed application, certificate and fee(s)	are submitted fo	r filing.						
Please return all correspondence concerning th	is matter to the fe	ollowing:						
Jennifer Hayes								
Name of Person								
Firm/Company								
655 N. Franklin St., Ste. 1900				E				
Address								
				S				
Tampa, FL 33602  City/State and Zip Cod	^							
Chystate and Zip Cou								
jhayea@bbinslegal.com				OK.				
E-mail address: (to be used for future annua	l r <del>e</del> port notificati	on)		E THE				
For further information concerning this matter,	, please call:							
Jennifer Hayes	at (813	222-418	2					
Name of Person		& Daytin	ne Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314					
Enclosed is a check for the following amount \$25 Filing Fee \$30 Filing Fee & Certificate of Status  CR2E055 (12/13)	\$55 Filing		\$60 Filing Fee, Certificate of Stat Certified Copy	lus &				

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-3 must be completed)

J.	Name of limited liability Company as it appears on the records of the Florida Department of State: Beecher Carlson Insurance Agency, LLC	
2.	. Jurisdiction of its organization: Delaware	
3.	. Date authorized to do business in Florida: 10/12/2005	
SI	ECTION II (4-7 complete only the applicable changes)	
4.	New name of the limited liability company:  (must contain "Limited Liability Company," "L.L.C.," or "LLC.")  Spectrum Wholesale Insurance Services, LLC	
Fl th or	Fi 69	2014 MAR - 6 AM 8
6.	If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:	ი გა წ
<del>-</del> 7.	Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.  Signature of the authorized representative  Laurel L. Grammig	ne

Filing Fee: \$25.00

- Kar

# Delaware

DAGE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BEECHER CARLSON INSURANCE AGENCY, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SPECTRUM WHOLESALE INSURANCE SERVICES, LLC", THE TWENTY-NINTH DAY OF JANUARY, A.D. 2014, AT 5:47 O'CLOCK P.M.

2014 MAR -6 AM 8: 59

3957219 8320

140190243

You may vorify this certificate online at corp. dolaware.gov/authvor.shtml

jeffrey W. Bullock, Secretary of State

DATE: 02-18-14