

F110000000948

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 20 PM 3:38

Name chg  
@ 6/20/11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Assured Agencies Corporation  
Name of Corporation

DOCUMENT NUMBER: ~~XXXXXXXXXXXX~~ F11000000948

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stan Kinnett II  
Name of Contact Person

AssuredPartners, Inc.  
Firm/Company

13575 58th St. N., Suite 125  
Address

Clearwater / FL 33760  
City/State and Zip Code

skinnett@assuredagencies.com  
E-mail address: (to be used for future annual report notification)

Hi Irene,  
Per our call, I am returning this to you with the indication that AssuredPartners, LLC and AssuredPartners, Inc. are affiliated entities.  
Thank you!  
Stan Kinnett  
(727) 538-4120

For further information concerning this matter, please call:

Stan Kinnett II at ( 727 ) 538-4120  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2011

STAN KINNETT II  
ASSURED AGENCIES CORPORATION  
13575 58TH ST. N., SUITE 125  
CLEARWATER, FL 33760

SUBJECT: ASSURED AGENCIES CORPORATION  
Ref. Number: F11000000948

We have received your document for ASSURED AGENCIES CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is M11000001163 - ASSUREDPARTNERS, LLC.

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) 245-6964.

Irene Albright  
Regulatory Specialist II

Letter Number: 411A00013724

RECEIVED

11 JUN 20 PM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**

~~XXXXXXXXXX~~ F11000000948

(Document number of corporation (if known))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 20 PM 3:38

1. ASSURED AGENCIES CORPORATION  
(Name of corporation as it appears on the records of the Department of State)

2. Delaware  
(Incorporated under laws of)

3. 3/4/2011  
(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? 5/4/2011

5. ASSURED PARTNERS, 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.

N/A  
(New duration)

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

N/A  
(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.

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

Stanley K. Kinnett II  
(Typed or printed name of person signing)

Chief Corporate Counsel  
(Title of person signing)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ASSURED AGENCIES CORPORATION", CHANGING ITS NAME FROM "ASSURED AGENCIES CORPORATION" TO "ASSUREDPARTNERS, INC.", FILED IN THIS OFFICE ON THE FOURTH DAY OF MAY, A.D. 2011, AT 2:48 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.

4944884 8100

110491699

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8740061

DATE: 05-05-11