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PICK-UP	☐ WAIT	MAIL
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SECRÉTARY OF STATE ALLAHASSEE, FLORID IVIS JU LYBALUNGGO GGALGOGU

Manu Che CC

FEB 0 6 2018.

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Da	te: 1/30/18
	Acc#120160000072
Name:	Hamilton Insurance Company
Document #:	
Order #:	10810021
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing:	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 43.75

Thank you!



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 31, 2018

CT CORP 3458 LAKESHORE DRIVE TALLAHASSEE, FL 32312

SUBJECT: HAMILTON INSURANCE COMPANY

Ref. Number: 840587

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 918A00002069

18 FEB -5 AM II: 18 SECRETAGY OF STATE TALLAHYSSEE, FLORIDA

Correcteds
Please teap
Original file
date

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.)

		CTION I	
	(1-3 MUST I	BE COMPLETED)	ريم.
	3L	10581	
	(Document number	of corporation (if known)	
Hamilton Insurance Company			
(Name	e of corporation as it appears	on the records of the Department of State	c)
, Delaware		3 6/14/1977	DIII JE 20 TH 120
(Incorporated	under laws of)	3. 6/14/1977 (Date authorized to do b	ousiness in Florida)
	SEC	CTION II	
		THE APPLICABLE CHANGES)	
4. If the amendment changes th	ne name of the corporation	on, when was the change effected	under the laws of
its jurisdiction of incorporat			
5. Blackboard Insurance Company			<u></u>
(Name of corporation after t appropriate abbreviation, il	he amendment, adding so I not contained in new na	uffix "corporation," "company," (ame of the corporation)	or "incorporated," or
Not Applicable			
(If new name is unavailable i business in Florida)	in Florida, enter alternate	corporate name adopted for the p	ourpose of transacting
6. If the amendment changes the	ne period of duration, inc	licate new period of duration.	
	Not Applicable		
		w duration)	
7. If the amendment changes the	he jurisdiction of incorpo	oration, indicate new jurisdiction.	
	Not Applicable		
	(New	v jurisdiction)	
(10) single manage to deal transfer of	tha annicalian to the Lie	ort, evidencing the amendment, au partment of State, by the Secretar on under the laws of which it is in	v or state or other orners.
		2	
	(Signature of a director, preson of a receiver or other court	sident or other officer - if in the hands appointed tiduciary, by that fiduciary)	
Keith J. Wagner		Secretary	
(Typed or printed nar	me of person signing)	(Title of person	signing)

Page 1

Delaware 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 "HAMILTON INSURANCE COMPANY", CHANGING ITS NAME FROM "HAMILTON INSURANCE COMPANY" TO "BLACKBOARD INSURANCE COMPANY", FILED IN THIS OFFICE ON THE THIRD DAY OF NOVEMBER, A.D. 2017, AT 5:13 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF FEBRUARY, A.D. 2018.

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



Authentication: 203520039

Date: 11-06-17

State of Melaware



Department of Insurance

CERTIFICATE OF NAME CHANGE APPROVAL

I, Trinidad Navarro, Insurance Commissioner of the State of Delaware, do hereby certify that the Delaware Department of Insurance has approved the name change from HAMILTON INSURANCE COMPANY to BLACKBOARD INSURANCE COMPANY, effective February 1, 2018.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, at Dover, this 27th day of December, 2017.

Trinidad Navarro
Insurance Commissioner

J=: Ld Navaw

