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RE-SUBMIT

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To:

Account Name : C T CORPORATIO
Account Number : FCA0000000023

Phone : (850)222-1092 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.

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6/6/2011

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June 8, 2011

FLORIDA DEPARTMENT OF STATE

INSURANCE.COM INSURANCE AGENCY, INC. 29000 AURORA RD SOLON, OH 44139

SUBJECT: INSURANCE.COM INSURANCE AGENCY, INC.

REF: F01000001747

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.

Please accept our apology for failing to mention this in our previous letter.

The new name of the corporation must be the same as on the certificate.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: E11000149076 Letter Number: 411A00014048

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SECRETARY OF STATE
TALLAMASSEE, FLORIDA

June 7, 2011

FLORIDA DEPARTMENT OF STATE

INSURANCE.COM INSURANCE AGENCY, INC. 29000 AURORA RD SOLON, OH 44139

SUBJECT: INSURANCE.COM INSURANCE AGENCY, INC.

REF: F01000001747

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.

Correct blocks #3 and #4.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H11000149076 Letter Number: 611A00013864

COVER LETTER

TO: Amendment Section Division of Corporations	
	ce.com Insurance Agency, Inc.
Pan	•
DOCUMENT NUMBER:	F01000001747
The enclosed Amendment and fee are sub	omitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Tammy Sari	
Name of Contact Person	
Jones Day	
Firm/Company	
901 Lakeside Avenue	
Address	
Cleveland, Ohio 44114	
City/State and Zip Code	
E-mail address: (to be used for future an	unual report notification)
For further information concerning this m	eatter, please call:
Tummy Şari	at (216) 586-7511
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	ount:
\$35.00 Filing Fee \$43.75 Filing Fee Certificate of Su	S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is criclosed) S43.75 Filing Fee, Certificate of Status & Certified Copy (Additional copy is criclosed)
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Taliahassee, FL 32314	2661 Executive Center Circle
•	Tallahaces El 32301

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.)

SPA	CTION I
	BE COMPLETED)
FOIC	000001747
	of corporation (If known)
f _ na constant	or suspension (a national)
** **	Insurance Agency, Inc.
(Name of corporation as it appears	on the records of the Department of State)
2Ohio	3. March 30, 2001
(Incorporated under laws of)	(Date authorized to do businées in Florida)
SEC	TION II
(4-7 COMPLETE ONLY	THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corporatio	n, when was the change effected under the laws of
its jurisdiction of incorporation? May 10	1.8011
	nance Agency Inc. offix "corporation," "company," or "incorporated," or
appropriate abbreviation, if not contained in new na	me of the corporation)
(If new name is unavailable in Florida, enter alternate	corporate name adopted for the purpose of transacting
business in Florida)	
5 750	lore and the second sec
If the amendment changes the period of duration, indi-	cate new period of duration.
New	duration)
7. If the amendment changes the jurisdiction of incorpor	ration indicate new jurisdiction
. 11 tito minoramone emmilian ena las transcriots of monthol	provid the part of the parties of th
(New)	urisdiction)
Attached is a certificate or document of similar impor- 90 days prior to delivery of the application to the Dep having custody of corporate records in the jurisdiction	t, evidencing the amendment, authenticated not more than artment of State, by the Secretary of State or other official auther the laws of which it is incorporated.
7	
(Signature of a director, president or other officer - if in of a receiver or other court appointed fiduciary, by that	the bands
or a receiver or other count appointed inductary, by man. Alex Strazzella	
(Typed or printed name of person signing)	President and Scoretary (Title of person signing)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show a Certificate of Amendment of INSURANCE.COM INSURANCE AGENCY, INC., an Ohio Corporation, Charter No. 442124, changing its corporate title to: COMA INSURANCE AGENCY INC., was filed May 19, 2011. Said Corporation, COMA INSURANCE AGENCY INC., an Ohio Corporation, Charter No. 442124, having its principal location in Mayfield Hts, County of Cuyahoga, was incorporated on July 19, 1973, is in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of June, A.D. 2011.

Ohio Secretary of State

Validation Number: 201115800385