Division of Corporations Public Access System

#### **Electronic Filing Cover Sheet**

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.

(((H05000053868 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)222-9428

## **BASIC AMENDMENT**

#### OPTION ONE DIRECT INSURANCE AGENCY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronia Filing Manua

Corporate Filing

Public Access Hein

3/3/2005

CTCORPORATIONSYSTEM MAR-03-2005 11:56 FROM CI CURPURATION SYSTEM TO TALLAHESSEE U.

PAGE 02/03 צשינש. א

#### 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

(I-3 MUST BE CO	OMPLETED)
F010000047	799
(Document number of corp	
Option One Direct Theurance Agency. Inc. (Name of corporation as it appears on the	records of the Department of State)
California	•
(incorporated under laws of)	3. 9/11/2001 (Date authorized to do business in Florida)
	•
SECTIOI (4-7 complete only the a	
,	ī
4. If the amendment changes the name of the corporation, when	was the change effected under the laws of
its jurisdiction of incorporation? October 7, 2004	
Option One Insurance Agency, Inc.	
(Name of corporation after the amendment, adding suffix "co appropriate abbreviation, if not contained in new name of the	rporation," "company." or "meorporated," or ecorporation)
(If new name is unavailable in Florida, enter alternate corpora business in Florida)	te name adopted for the purpose of transacting
5. If the amendment changes the period of duration, indicate nev	v neriod of duration
	, p. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
(New durati	ion)
. If the amendment changes the jurisdiction of incorporation. in	dicate new jurisdiction.
(New jurisdi	ction)
1 1 0	
Jamie V. (rest)	March 1, 2005
(Signature of a director, president or other officer - ibin the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Jamie A. Creith	Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)



# SECRETARY OF STATE

# **CERTIFICATE OF FILING**

I. KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the 7th day of October, 2004, there was filed in this office an amendment changing the corporation name from OPTION ONE DIRECT INSURANCE AGENCY, INC., a California corporation, to OPTION ONE INSURANCE AGENCY. INC.

I further certify, that said corporation is active and in good legal standing.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 14, 2005.

KEVIN SHELLEY

Secretary of State