

FO20000001649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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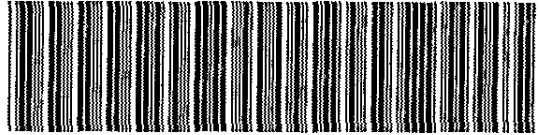
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

NO
*Def Lopez
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LICENSEPLAN

LAW OFFICE OF BARBARA A. GOODE
300 MONTGOMERY STREET, SUITE 500
SAN FRANCISCO, CALIFORNIA 94104
415.788.1550 FAX 415.788.1605
LICENSEPLAN@AOL.COM

September 27, 2006

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: ECM Insurance Services, Inc.

Dear Sirs:

We assist ECM Insurance Services, Inc. with all of their licensing procedures.

Enclosed you will find the Profit Corporation Application By Foreign Corporation to file Amendment to Application for Authorization to Transact Business in Florida (in duplicate), a Certificate of Filing from our home state which states the name change on it and a check in the amount of \$43.75 for the filing fee and Certified Copy.

Please feel free to contact the undersigned with any further questions.

Very truly yours,



Esmeralda Garcia,
License Account Manager

EG; eg

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ECM Insurance Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F02000001649

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Esmeralda Garcia
(Name of Contact Person)

Law Office of Barbara Goode
(Firm/Company)

300 Montgomery Street, Ste. 500
(Address)

San Francisco, CA 94104
(City/State and Zip Code)

For further information concerning this matter, please call:

Esmeralda Garcia at (415) 788-1550
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F02000001649

ECM Insurance Services, Inc.

2. California

3 April 1, 2002

5 Socius Insurance Services, Inc.

(Title of person signing)

State of California
Secretary of State

CERTIFICATE OF FILING

I, **BRUCE McPHERSON**, Secretary of State of the State of California, hereby
certify:

That on the **11th day of July, 2006**, there was filed in this office an amendment
changing the corporation name from **ECM INSURANCE SERVICES, INC.**, a
California corporation, to **SOCIUS INSURANCE SERVICES, INC.**

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
August 14, 2006.



A handwritten signature in cursive script, appearing to read "Bruce McPherson".

BRUCE McPHERSON
Secretary of State