

F02000004950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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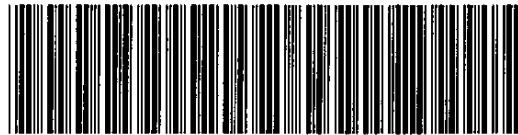
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rebsamen Insurance, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F02000004950

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy Bruce
(Name of Contact Person)

Mitchell Williams Law Firm
(Firm/Company)

425 West Capitol Avenue, Suite 1800
(Address)

Little Rock, AR 72201
(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Bruce at (501) 370-4230
(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

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)

F02000004950

(Document number of corporation (if known))

1. Rebsamen Insurance, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Arkansas

(Incorporated under laws of)

3. 9/30/02

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

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TALLAHASSEE, FLORIDA

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 12/31/07

5. Regions Insurance, 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.

(New duration)

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

(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.

Joel R. Styles
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Joel R. Styles

(Typed or printed name of person signing)

Senior Vice President

(Title of person signing)



Arkansas Secretary of State

Charlie Daniels

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501.682.3409

CERTIFICATE OF FACT

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

REGIONS INSURANCE, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office September 30, 1985 and is governed under the laws of the State of Arkansas.

Our records reflect that on November 16, 2007, Articles Of Merger were filed in this office, merging the following non-survivors with and into REBSAMEN INSURANCE, INC. changing the name from REBSAMEN INSURANCE, INC. to REGIONS INSURANCE, INC. effective December 31, 2007.

- ICT INSURANCE AGENCY, INC.

I further certify that said entity is at this time in good standing, having met all the requirements in the State of Arkansas.

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 4th day of January 2008.

A handwritten signature in cursive script that reads "Charlie Daniels".

Charlie Daniels
Secretary of State

By: A handwritten signature in cursive script that reads "Sue Stiles".
Sue Stiles