

F03000006404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

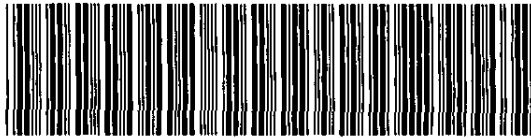
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO ACHIEVE
SUFFICIENCY OF FILING

2014 AUG 29 AM 10:52

RECEIVED
DEPARTMENT OF STATE
OFFICE OF BUSINESS REGISTRATION

14 AUG 29 AM 9:15

FILED

NIC
09-2-14
DC



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 274884 4385593
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$35.00

ORDER DATE : August 28, 2014
ORDER TIME : 10:16 AM
ORDER NO. : 274884-005
CUSTOMER NO: 4385593

FOREIGN FILINGS

NAME: STONERIVER NATIONAL FLOOD
SERVICES, INC.

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

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)

F03000006404

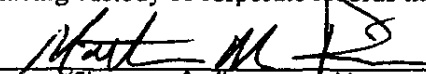
(Document number of corporation (if known))

1. StoneRiver National Flood Services, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. December 29, 2003
(Incorporated under laws of) (Date authorized to do business in Florida)

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14 AUG 29 AM 9:15

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

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? July 15, 2014
5. Aon National Flood Services, 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.
N/A
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
N/A
(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.



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

Matthew M. Rice

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "STONERIVER NATIONAL FLOOD SERVICES, INC.", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "AON NATIONAL FLOOD SERVICES, INC.", THE FIFTEENTH DAY OF JULY, A.D. 2014, AT 1:30 O'CLOCK P.M.

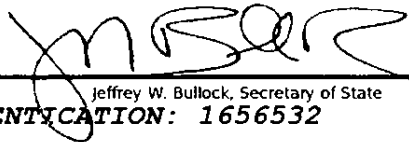
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

2712546 8320

141122205

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1656532

DATE: 08-28-14