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Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
NRT INSURANCE AGENCY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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)

F05000002739

(Document number of corporation (if known))

1. NRT INSURANCE AGENCY, INC.

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

2. Massachusetts

(Incorporated under laws of)

3. 05/06/2005

(Date authorized to do business in Florida)

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? October 30, 2015

5. Castle Edge Insurance Agency, Inc. (to be effective October 30, 2015)

(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.


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

Kenneth D. Hoffert

(Typed or printed name of person signing)

Sr. Vice President & Secretary

(Title of person signing)

FILED
2015 NOV -2 AM 9:58
CLERK OF STATE
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

October 30, 2015

TO WHOM IT MAY CONCERN:

I hereby certify that

THE DEWOLFE INSURANCE AGENCY, INC.

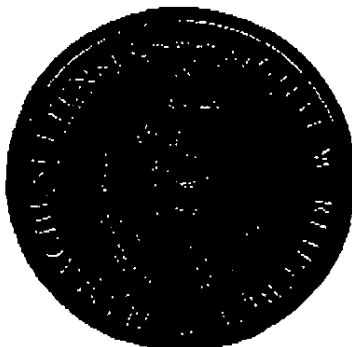
appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **October 2, 1996**.

I also certify that by Articles of Amendment filed here **December 6, 2002**, the name of said corporation was changed to **COLDWELL BANKER RESIDENTIAL BROKERAGE INSURANCE AGENCY, INC.**

I further certify that by Articles of Amendment filed here **March 17, 2006**, the name of said corporation was changed to **NRT INSURANCE AGENCY, INC.**

I also certify that by Articles of Amendment filed here **October 30, 2015**, the name of said corporation was changed to **CASTLE EDGE INSURANCE AGENCY, INC.**

I further certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth