

Division of Corporations
 Florida Department of State
 Division of Corporations
 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.

((H22000326241 3)))



H220003262413ABOV

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)617-6380

From:
 Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)214-8442

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
 ANYWHERE INSURANCE AGENCY INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

2022 SEP 21 AM 8:07

FILED

2022 SEP 21 AM 7:54

RECEIVED

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. Anywhere 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? 09/13/2022

5. Realogy Insurance Agency, 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. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

2022 SEP 21 AM 8:07

FILED

FLORIDA SECRETARY OF STATE

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

2022 SEP 21 AM 8:07

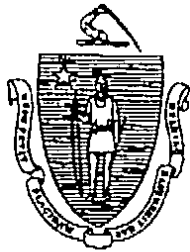
FILED

10. 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.

Tiffany Meeker
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
 Tiffany Meeker
 (Typed or printed name of person signing)

Attorney-in-Fact
 (Title of person signing)

FILING FEE \$35.00



William Francis Galvin
Secretary of the
Commonwealth

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

September 16, 2022

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.**

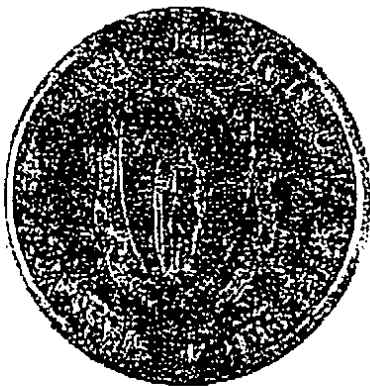
I also certify that by Articles of Amendment filed here October 30, 2015, the name of said corporation was changed to **CASTLE EDGE INSURANCE AGENCY, INC.**

I further certify that by Articles of Amendment filed here November 9, 2020, the name of said corporation was changed to **REALOGY INSURANCE AGENCY, INC.**

I also certify that by Articles of Amendment filed here July 28, 2022, the name of said corporation was changed to **ANYWHERE INSURANCE AGENCY INC.**

I further certify that by Articles of Amendment filed here September 13, 2022, the name of said corporation was changed to **REALOGY INSURANCE AGENCY, INC.**

I also 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



William Francis Galvin
Secretary of the
Commonwealth

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

September 16, 2022

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

REALOGY INSURANCE AGENCY, INC.

is a domestic corporation organized on October 2, 1996, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



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

D
PC

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

Articles of Amendment

FORM MUST BE TYPED

(General Laws Chapter 156D, Section 10.06; 950 CMR 113.34)

(1) Exact name of corporation: ANYWHERE INSURANCE AGENCY INC.

(2) Registered office address: 225 Cedar Hill Street #200 MARLBOROUGH, MA 01752
(number, street, city or town, state, zip code)

(3) These articles of amendment affect article(s): 1
(specify the number(s) of article(s) being amended (I-VI))

(4) Date adopted: August 31, 2022
(month, day, year)

(5) Approved by:

(check appropriate box)

- ☐ the incorporators.
☐ the board of directors without shareholder approval and shareholder approval was not required.
☒ the board of directors and the shareholders in the manner required by law and the articles of organization.

(6) State the article number and the text of the amendment. Unless contained in the text of the amendment, state the provisions for implementing the exchange, reclassification or cancellation of issued shares.

1. The name of the corporation is amended to Realogy Insurance Agency, Inc.

To change the number of shares and the par value, * if any, of any type, or to designate a class or series, of stock, or change a designation of class or series of stock, which the corporation is authorized to issue, complete the following:

Total authorized prior to amendment:

WITHOUT PAR VALUE		WITH PAR VALUE		
TYPE	NUMBER OF SHARES	TYPE	NUMBER OF SHARES	PAR VALUE

Total authorized after amendment:

WITHOUT PAR VALUE		WITH PAR VALUE		
TYPE	NUMBER OF SHARES	TYPE	NUMBER OF SHARES	PAR VALUE

(7) The amendment shall be effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date and time of filing is specified: _____

⊕ 09/13/2022 9:46 AM

17814606994

→ 16176243891

DocuSign Envelope ID: 2AB430B9-A42F-435E-A6CC-42E54828ZEEB

pg 4 of 5

Declassified by:

Mike Gozdan

Signed by:

874EE28FEC184EC

Michael P. Gozdan, Secretary

(signature of authorized individual)

- ☐ Chairman of the board of directors,
- ☐ President,
- ☒ Other officer,
- ☐ Court-appointed fiduciary,

on this 31st day of August, 2022



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

1000 Washington Street, Suite 810 • Boston, MA 02118-6200
(617) 521-7794 • Toll-free (877) 563-4467
<http://www.mass.gov/dor>

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

MIKE KENNEALLY
SECRETARY OF HOUSING AND
ECONOMIC DEVELOPMENT

EDWARD A. PALLESCI
UNDERSECRETARY OF CONSUMER AFFAIRS
AND BUSINESS REGULATION

GARY D. ANDERSON
COMMISSIONER OF INSURANCE

September 13, 2022

ANYWHERE INSURANCE AGENCY INC
225 CEDAR HILL ST STE 200
MARLBOROUGH, MA 01752

RE: Amended Name Approval

The amended name request for your Foreign Corporation has been approved by the Division of Insurance. The following steps must be taken so that your amended corporate/LLC name can be used in the Commonwealth of Massachusetts:

- File the Certificate of Amendment with the Massachusetts Secretary of State's Office; there is a fee required.
- Once your name has been amended with the Massachusetts Secretary of State's Office, submit a Certificate of good standing from the Secretary of State's Office of the Commonwealth of Massachusetts to the Division of Insurance Producer Licensing Department at the address below.
- These documents may be emailed to DOIRegistrationDocs@mass.gov

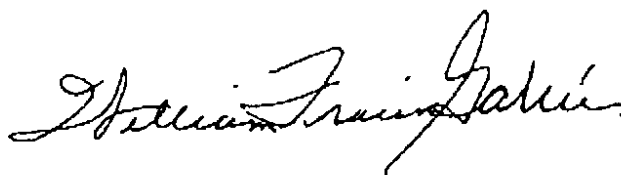
If you are unable to email the certificate, you may send it to:

Duncan Kayondo
MA Division of Insurance
1000 Washington St., Suite 810
Boston, MA 02118

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

September 13, 2022 12:48 PM



WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

