

F05 000002739

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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)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
REALOGY INSURANCE AGENCY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03 04
Estimated Charge	\$35.00

2023 FEB 24 PM 3:40

2023 FEB 24 AM 8:06

FILED



February 24, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

REALOGY INSURANCE AGENCY, INC.
1 CAMPUS DRIVE
PARSIPPANY, NJ 07054US

SUBJECT: REALOGY INSURANCE AGENCY, INC.
REF: F05000002739

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TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

WE WILL NEED THE CERTIFICATE TO HAVE BOTH NAMES ON IT AND ALSO THE DATE THE NAME WAS CHANGED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

FAX Aud. #: 823000070633
Letter Number: 823A00004507

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. Realogy Insurance Agency, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Massachusetts 3. 05/06/2005
(Incorporated under laws of) (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? 02/10/2023
5. Anywhere 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.

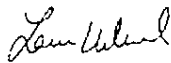
Signature of New Registered Agent, if changing

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA

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

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.



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

Troy Singleton

(Typed or printed name of person signing)

President, By: Lauren Underwood, Attorney-in-Fact

(Title of person signing)

FILING FEE \$35.00

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TALLAHASSEE FL



William Francis Galvin
Secretary of the
Commonwealth

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

February 17, 2023

TO WHOM IT MAY CONCERN:

I hereby certify that according to records in this office,

THE DEWOLFE INSURANCE AGENCY, INC.

was incorporated under the General Laws of this Commonwealth on October 2, 1996.

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

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

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

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

I also certify that in Articles of Amendment filed here **February 10, 2023**, the name of said corporation was changed to: **ANYWHERE INSURANCE AGENCY INC.**

I further certify that no other amendments to the Articles of Organization appear of record here and said corporation still has legal existence.

In testimony of which,

I have hereto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

