# F07000003299

(Requestor's Name) ▼	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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TION SERVICE COMPANY		
ACCOUNT NO. : 12000000195		
REFERENCE : 773936 4304512		
AUTHORIZATION: Melbelena		
COST LIMIT : \$ 35.00		
ORDER DATE : August 22, 2013		
ORDER TIME : 12:47 PM		
ORDER NO. : 773936-050		
CUSTOMER NO: 4304512		
FOREIGN FILINGS		
NAME: CHARTIS INSURANCE AGENCY, INC.		
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY		
XXXX AMENDMENT		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Susie Knight EXT# 52956		
EXAMINER:		

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Salar Salar

(Pursuant to s. 607.1504, F.S.)

### SECTION I (1-3 MUST BE COMPLETED)

FO	7000003299
(Document numb	per of corporation (if known)
1 Chartis Insurance Agency, Inc.	
(Name of corporation as it appea	rs on the records of the Department of State)
2. New Jersey	3. June 28, 2007  (Date authorized to do business in Florida)
(Incorporated under laws of)	(Date authorized to do business in Florida) (Date authorized to do business in Florida)
	ECTION II Y THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corporat	tion, when was the change effected under the laws of 🛣 🧦
its jurisdiction of incorporation? August 1, 2013	
5 AlG Property Casualty Insurance Agency, Inc.	is the second of
appropriate abbreviation, if not contained in new in the contained in the	te corporate name adopted for the purpose of transacting
<del></del>	New duration)
7. If the amendment changes the jurisdiction of incorp	,
(Ne	w jurisdiction)
8. Attached is a certificate or document of similar imp 90 days prior to delivery of the application to the D having custody of corporate records in the jurisdict	port, evidencing the amendment, authenticated not more than be partment of State, by the Secretary of State or other official ion under the laws of which it is incorporated.
(Signature of a director, president or other officer - if of a receiver or other court appointed fiduciary, by the	in the hands
Tanya E. Kent	Secretary
(Typed or printed name of person signing)	(Title of person signing)

## STATE OF NEW JERSEY DEPARTMENT OF TREASURY CERTIFICATE OF NAME CHANGE

#### AIG PROPERTY CASUALTY INSURANCE AGENCY, INC.

I, the Treasurer of the State of New Jersey, do hereby certify, that on August 01, 2013, a name change certificate was duly filed in this office, changing the business name from Chartis Insurance Agency, Inc.

to:

AIG Property Casualty Insurance Agency, Inc.



Certificate Number: 129395926

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of August, 2013

udrow P Sidamon-Fristoff

Andrew P Sidamon-Eristoff
Treasurer