

Florida Department of State
Division of Corporations
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((H11000138492 3))



H110001384923ABC3

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

* FILE SECOND *

(AFTER: H11000138492 3)

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
FIRST HORIZON INSURANCE GROUP, INC.

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

RECEIVED

11 MAY 24 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 24 PM 4:30
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

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)

F07000004015

(Document number of corporation (if known))

1. First Horizon Insurance Group, Inc.

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

2. Tennessee

(Incorporated under laws of)

3. 8/09/2007

(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? 5/02/2011

5. Brown & Brown of Tennessee, 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)


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

Laurel L. Grammig

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILED
2011 MAY 24 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CFS
992 DAVIDSON DRIVE
SUITE B
Nashville, TN 37205

May 20, 2011

Control # 265537

Effective Date: 05/02/2011

Receipt # : 476051

Filing Fee: \$20.00

CERTIFICATE OF NAME CHANGE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that Articles of Amendment of **FIRST HORIZON INSURANCE GROUP, INC.** were filed in this office on the effective date noted above, changing the name to **Brown & Brown of Tennessee, Inc.**

A handwritten signature in black ink, reading "Tre Hargett".

Tre Hargett
Secretary of State

Processed By: Sheila Keeling