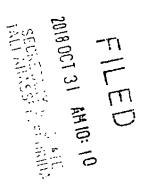
F08000001606

(Rec	questor's Name)	
(Add	iress)	<u>.</u>
(Ada	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F		





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IH

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 457964 7206337

AUTHORIZATION : (//)

COST LIMIT : \$ (3.5.00

ORDER DATE: October 24, 2018

ORDER TIME : 12:41 PM

ORDER NO. : 457964-045

CUSTOMER NO: 7206337

FOREIGN FILINGS

NAME: INSURANCE INTERMEDIARIES, INC.

XX CORPORATE

____ LIMITED PARTNERSHIP

_____ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

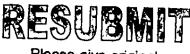
CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62969

EXAMINER:



Please give original submission date as file date.

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2018

CORPORATION SERVICE COMPANY % EMILY CROFT 1201 HAYS STREET TALLAHASSEE, FL 32301

SUBJECT: INSURANCE INTERMEDIARIES, INC.

Ref. Number: F08000001606

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The certification enclosed does not show evidence of the name change.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 518A00022321

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

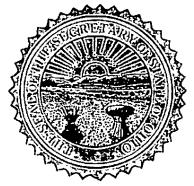
(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F08000001606		題言了
(Documen	nt number of corporation (if known)	1,007 31 18,007 31
1. Insurance Intermediaries, Inc.		· · · · · · · · · · · · · · · · · · ·
(Name of corporation as it	appears on the records of the Department of State)	ं
2. Ohio	3. 04/09/2008	
(Incorporated under laws of)	(Date authorized to do business	in Florida)
(4-7 COMPLETE	SECTION II E ONLY THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the co	-	the laws of
its jurisdiction of incorporation? October 22, 20	18	
5. NBS Insurance Agency, Inc.	dding suffix "corporation." "company," or "inco	
appropriate abbreviation, if not contained in	new name of the corporation)	orporated. or
(If new name is unavailable in Florida, enter a business in Florida)	Iternate corporate name adopted for the purpose	of transacting
6. If the amendment changes the period of durati	ion, indicate new period of duration.	
	(New duration)	
7. If the amendment changes the jurisdiction of i	incorporation, indicate new jurisdiction.	
	(New jurisdiction)	
 Attached is a certificate or document of similar 90 days prior to delivery of the application to having custody of corporate records in the jurism 	ar import, evidencing the amendment, authentic the Department of State, by the Secretary of Sta isdiction under the laws of which it is incorpora	ated not more than ite or other official ited.
MZHL		
(Signature of a direct of a receiver or other	etor, president or other officer - if in the hands er court appointed fiduciary, by that fiduciary)	
Mark E. Hartman	Associate Vice President & Assista	nt Secretary
(Typed or printed name of person signing)	(Title of person signing)	

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ARTICLES OF INCORPORATION for INSURANCE INTERMEDIARIES, INC., an Ohio Corporation, Charter No. 474143, filed in this office on November 24, 1975; CERTIFICATE OF AMENDMENT filed in this office on October 9, 1981; CERTIFICATE OF AMENDMENT filed in this office on June 14, 1983; CERTIFICATE OF AMENDMENT filed in this office on July 12, 1993; CERTIFICATE OF AMENDMENT changing its corporate title to NBS INSURANCE AGENCY, INC. filed in this office on October 22, 2018. THE FOREGOING STATEMENT CONSTITUTES A COMPLETE LIST OF ALL CHARTER DOCUMENTS ON FILE WITH THIS OFFICE. Said business entity, NBS INSURANCE AGENCY, INC. an Ohio Corporation, Charter No. 474143, having its principal location in Columbus, County of Franklin, was filed on November 24, 1975, and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of October, A.D. 2018.

Ohio Secretary of State

Validation Number, 201830301176