

F080000001606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

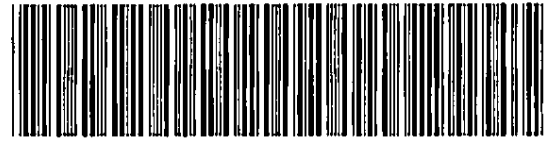
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500320259395

FILED
2018 OCT 31 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


18 OCT 29 PM 1:57

Name
Chg

NOV 01 2018
ALBRITTON

IH

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 457964 7206337
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : October 24, 2018
ORDER TIME : 12:41 PM
ORDER NO. : 457964-045
CUSTOMER NO: 7206337

FOREIGN FILINGS

NAME: INSURANCE INTERMEDIARIES, INC.

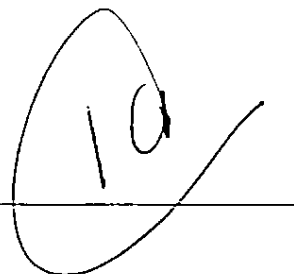
XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

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: 



RESUBMIT

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

RECEIVED
18 OCT 31 PM 1:36
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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
(Document number of corporation (if known))

1. Insurance Intermediaries, Inc.
(Name of corporation as it appears on the records of the Department of State)

2. Ohio (Incorporated under laws of) 3. 04/09/2008 (Date authorized to do business in Florida)

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2018 OCT 31 AM 10:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

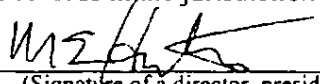
4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? October 22, 2018

5. NBS 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. 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)

Mark E. Hartman
(Typed or printed name of person signing)

Associate Vice President & Assistant Secretary
(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.

Jon Husted

Ohio Secretary of State