

F08000002272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

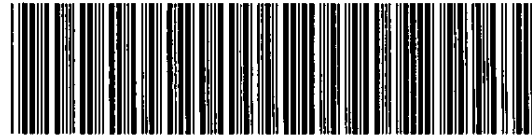
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

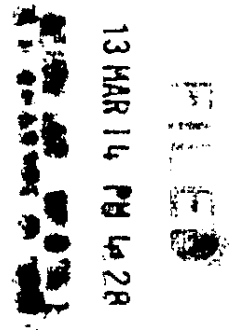
Special Instructions to Filing Officer:

Office Use Only



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03/14/13--01025--019 **48.75



nlc
03-19-13
De

Custegra™

5215 North O'Connor Boulevard, Suite 1200, Irving, Texas 75039
(972) 331-1000 Fax: (972) 331-1009

Via Certified Mail

March 7, 2013

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Certificate of Amendment – Custegra Insurance Agency, Inc.

Dear Sir/Madam:

Ethos Insurance Agency, Inc., a Texas corporation, requests to amend the corporation name to Custegra Insurance Agency, Inc. Accordingly in support of our request, please find enclosed herein for filing:

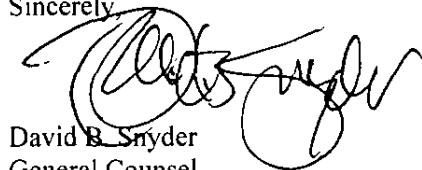
1. One (1) original and one (1) copy of the *Amendment to Application for Authorization to Transact Business in Florida* ("Amendment");
2. One (1) Certificate of Good Standing issued by the Texas Secretary of State.

Also enclosed is our check in the amount of \$43.75.

Once the Amendment has been processed, please return to me a file-stamped version of the Amendment in the pre-addressed, pre-paid return envelope which we have enclosed herein.

Thank you for your attention to this matter. If you have any questions or concerns, please feel free to give me a call.

Sincerely,



David B. Snyder
General Counsel
Senior Vice President
Chief Compliance Officer
Secretary

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ethos Insurance Agency, Inc.

Name of Corporation

DOCUMENT NUMBER: F08000002272

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David B. Snyder

Name of Contact Person

Custegra Insurance Agency, Inc.

Firm/Company

5215 N. O'Connor Blvd., Suite 1200

Address

Irving, TX 75039

City/State and Zip Code

legal@custegra.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David B. Snyder

Name of Contact Person

at (972) 331-1000

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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)

F08000002272

(Document number of corporation (if known))

1. Ethos Insurance Agency, Inc.

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

2. Texas

(Incorporated under laws of)

3. 05/19/2008

(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? 01/14/2013

5. Custegra 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)

David B. Snyder

(Typed or printed name of person signing)

GC, SVP, CCO, Secretary

(Title of person signing)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



John Steen
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on January 14, 2013, ETHOS INSURANCE AGENCY, INC., a Domestic For-Profit Corporation (file number 143944800), changed its name to Custegra Insurance Agency, Inc..

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 18, 2013.



A handwritten signature in black ink, appearing to read "John Steen".

John Steen
Secretary of State