

F110000004045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

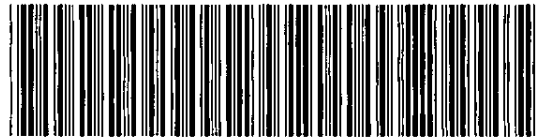
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900299417559

17 MAY 19 AM 9:13

RECEIVED

MAY 19 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Nc

MAY 22 2017

R. WHITE

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

ACCOUNT NO. : I20000000195  
REFERENCE : 650473 8017819  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 35.00

ORDER DATE : May 19, 2017  
ORDER TIME : 12:27 PM  
ORDER NO. : 650473-005  
CUSTOMER NO: 8017819

FOREIGN FILINGS

NAME: ROSSMANN-HURT-HOFFMAN, 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: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rossmann-Hurt-Hoffman, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F11000004045

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Gonzales

\_\_\_\_\_  
Name of Contact Person

Hub International Limited

\_\_\_\_\_  
Firm/Company

300 N. LaSalle Street, 17th Floor

\_\_\_\_\_  
Address

Chicago, IL 60654

\_\_\_\_\_  
City/State and Zip Code

nancy.gonzales@hubinternational.com

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

For further information concerning this matter, please call:

Nancy Gonzales \_\_\_\_\_ at ( 312 ) 279-4914  
Name of Contact Person 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

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

## SECTION I

(Document number of corporation (if known))

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

## SECTION II

- its jurisdiction of incorporation? May 3, 2017

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(business in Florida)

- (New duration)

- (New jurisdiction)

- 30 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)

(Title of person signing)

State of Maryland  
Department of  
Assessments and Taxation

Charter Division



Larry Hogan  
Governor

Michael L. Higgs  
Acting Director

Date: 05/03/2017

CSC-LAWYERS INCORPORATING SERVICE  
COMPANY  
7 ST. PAUL STREET  
SUITE 820  
BALTIMORE MD 21202

THIS LETTER IS TO CONFIRM ACCEPTANCE OF THE FOLLOWING FILING:

ENTITY NAME : HUB INTERNATIONAL MID-ATLANTIC INC.  
DEPARTMENT ID : D00185983  
TYPE OF REQUEST : ARTICLES OF AMENDMENT / NAME CHANGE  
DATE FILED : 05-02-2017  
TIME FILED : 03:33 PM  
RECORDING FEE : \$100.00  
EXPEDITED FEE : \$70.00  
COPY FEE : \$22.00  
FILING NUMBER : 1000362010304501  
CUSTOMER ID : 0003548198  
WORK ORDER NUMBER : 0004764775

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT  
IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK  
ORDER NUMBER ON ANY INQUIRIES.

Charter Division  
Baltimore Metro Area (410) 767-1350  
Outside Metro Area (888) 246-5941

301 West Preston Street-Room 801-Baltimore, Maryland 21201-2395  
Telephone (410)767-4950 / Toll free in Maryland (888)246-5941  
MRS (Maryland Relay Service) (800)735-2258 TTY/Voice  
Website: [www.dat.maryland.gov](http://www.dat.maryland.gov)

0010580563

CACCPT

ENTITY TYPE: ORDINARY BUSINESS - STOCK  
STOCK: Y  
CLOSE: U  
EFFECTIVE DATE: 05-02-2017  
PRINCIPAL OFFICE: 3290 N RIDGE RD

STE 300  
ELLICOTT CITY MD 21043  
RESIDENT AGENT: NORMAN C BREITENBACH, JR  
3290 N RIDGE RD  
STE 300  
ELLICOTT CITY MD 21043

COMMENTS:  
THIS AMENDMENT RECORD INDICATES THE NAME CHANGE  
FROM: ROSSMANN - HURT - HOFFMAN, INC.  
TO: HUB INTERNATIONAL MID-ATLANTIC INC.

**ARTICLES OF AMENDMENT  
ROSSMANN-HURT-HOFFMAN, INC.**

RECEIVED

Rossmann-Hurt-Hoffman, Inc. a Maryland corporation hereby certifies to the State Department of Assessments and Taxation of Maryland that:

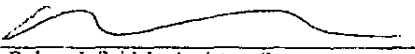
The charter of the corporation is hereby amended as follows:

The charter of the Corporation is hereby amended by striking Article 1 of the Certificate of Incorporation and inserting the following in lieu thereof:

1. The name of the Corporation is Hub International Mid-Atlantic Inc.

This amendment of the charter of the corporation has been approved by the shareholders and directors.

We the undersigned Vice President and Assistant Secretary swear under penalties of perjury that the foregoing is a corporate act.

  
Robert J. Sajdak, Assistant Secretary

  
Jason Romick, Vice President

Return address of filing party:

Hub International Limited  
300 N. LaSalle Street  
Chicago, Illinois 60654

CUST ID: 0003548198  
WORK ORDER: 0004764775  
DATE: 05-03-2017 10:03 AM  
AMT. PAID: \$2,211.00

622862-5 EYR

STATE OF MARYLAND

I hereby certify that this is a true and complete copy of the 2 page document on file in this office. DATED: 5/3/14

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

BY: \_\_\_\_\_, Custodian

This stamp replaces our previous certification system. Effective: 6/95

# CORPORATE CHARTER APPROVAL SHEET

**\*\* EXPEDITED SERVICE \*\***

**\*\* KEEP WITH DOCUMENT \*\***

DOCUMENT CODE 09A BUSINESS CODE \_\_\_\_\_

# 000185983

Close \_\_\_\_\_ Stock \_\_\_\_\_ Nonstock \_\_\_\_\_

P.A. \_\_\_\_\_ Religious \_\_\_\_\_

Merging (Transferor) \_\_\_\_\_

Surviving (Transferee) \_\_\_\_\_

Affix Barcode Label Here

Affix Barcode Label Here

New Name Hub International Mid-  
Atlantic Inc

## FEES REMITTED

Base Fee: 100  
Org. & Cap. Fee: 70  
Expedite Fee: \_\_\_\_\_  
Penalty: \_\_\_\_\_  
State Recordation Tax: \_\_\_\_\_  
State Transfer Tax: \_\_\_\_\_  
Certified Copies: 22  
Copy Fee: \_\_\_\_\_  
Certificates: \_\_\_\_\_  
Certificate of Status Fee: \_\_\_\_\_  
Personal Property Filings: \_\_\_\_\_  
Mail Processing Fee: \_\_\_\_\_  
Other: \_\_\_\_\_

TOTAL FEES: 192

Credit Card \_\_\_\_\_ Check 1 Cash \_\_\_\_\_

\_\_\_\_\_ Documents on \_\_\_\_\_ Checks

Approved By: 17

Keyed By: \_\_\_\_\_

COMMENT(S):

☒ Change of Name  
☐ Change of Principal Office  
☐ Change of Resident Agent  
☐ Change of Resident Agent Address  
☐ Resignation of Resident Agent  
☐ Designation of Resident Agent  
and Resident Agent's Address  
☐ Change of Business Code

Adoption of Assumed Name

Other Change(s)

Code 049

Attention: \_\_\_\_\_

Mail: Names and Address

CUST ID: 0003548198  
WORK ORDER: 0004764775  
DATE: 03-03-2017 10:03 AM  
AMT. PAID: \$2,211.00