F120000002435

| (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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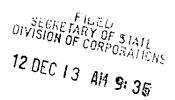
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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: H.J. Knight International Insurance. Agency, Inc. |
| Name of Corporation |
| DOCUMENT NUMBER:F12000002435 |
| The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Hailey Overby |
| Hailey Overby Name of Contact Person |
| Kennedy Licensing Service Inc. |
| Firm/Company |
| 4144 N. Central Expressway Ste 800 |
| Address |
| Dellee TV 75004 |
| Dallas, TX 75204 City/State and Zip Code |
| \cdot |
| dsheehy@knightint.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Hailey Overby at (214) 855-0737 |
| Name of Contact Person at (214) 855-0737 Area Code & Daytime Telephone Number |
| Enclosed is a check made payable to the Florida Department of State for the following amount: |
| \$\overline{\mathbb{Z}}\$35.00 Filing Fee \text{ Certificate of Status } \overline{\mathbb{C}}\$ \$43.75 Filing Fee \text{ Certified Copy (Additional copy is enclosed)} \overline{\mathbb{C}}\$ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)} |
| Mailing Address: Amendment Section Street Address: Amendment Section |
| Division of Corporations Division of Corporations |
| P.O. Box 6327 Clifton Building |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 |

CR2E127 (10/11)





FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

| The name of the foreign corporation as H.J. Knight International Insurance. | it appears on the records of the Florida Department of State is: Agency, Inc. |
|---|---|
| 2. This entity was authorized to transact b number is F120000002435 | usiness in Florida on 6/8/12 and its Florida documen |
| 3. This corporation was formed under the | laws of MA |
| 4. The name and address of each officer a | nd/or director is as follows: |
| <u>Title:</u> | Name and Address |
| President, Secretary, Tressurer, Direc | Jeannette Lanza |
| | 162 Country Club Way |
| | Kingston, MA 02364 |
| Sr. Vice President | Daniel P. Sheehy, Jr. |
| | 57 Jerusalem, MA 02025 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Attach ad | ditional pages if necessary) |
| | |
| gnature of an officer or director | President Title of person signing |
| inette Lanza | FILING FEE \$35 |

Typed or printed name of person signing

CR2E127 (10/11)

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314