

4/15/2014 11:58:32 From: To: 8506176380

Division of Corporations

F12000004758 (1/24) Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

FORN
APR 16 2014

R. WHITE
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
KNIGHT TRANSPORTATION INSURANCE SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED

14 APR 15 PM 12:09

Division of Corporations
1117 N. GULF BLVD.
TALLAHASSEE, FL 32301

Section 350.01, F.S.
TALLAHASSEE, FLORIDA

14 APR 15 PM 8:25

FILED

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Knight Transportation Insurance Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: F12000004758

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise L. Chipman
Name of Contact Person

Knight Transportation Insurance Services, Inc
Firm/Company

150 Northwest Point Blvd, 2nd Floor
Address

Elk Grove Village, IL 60007
City/State and Zip Code

compliance@avalonrisk.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nisha Thornton at (312) 288-3526
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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)

F12000004758

(Document number of corporation (if known))

Knight Transportation Insurance Solutions, Inc.

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

2. Delaware

(Incorporated under laws of)

1 06/19/2009

(Date authorized to do business in Florida)

FILED
14 APR 15 AM 8:25
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
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? 08/01/2013

5 Knight Transportation Insurance Services, 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)

Denise L. Chipman
(Typed or printed name of person signing)

Corporate Secretary
(Title of person signing)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "KNIGHT TRANSPORTATION INSURANCE SOLUTIONS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "KNIGHT TRANSPORTATION INSURANCE SERVICES, INC.", THE FIRST DAY OF AUGUST, A.D. 2013, AT 2:15 O'CLOCK P.M.

4700778 8320

140471570

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1293410

DATE: 04-15-14