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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

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

Email Address:\_\_\_\_\_

TRUS-8 PM 3:

# COR AMND/RESTATE/CORRECT OR O/D RESIGN BROWN & BROWN OF CENTRAL OKLAHOMA, INC.

Certificate of Status	0
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AUG 0 9 2017

S. YOUNG

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# 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)

F13000005501

(Document number of corporation (if known)		
Brown & Brown of Central Oklahoma, Inc.		
(Name of corporation as it appea	ars on the records of the Department of State)	
2. Oklahoma	3, 12/23/2013	
(Incorporated under laws of)	3. (Date authorized to do business in Florida	1)
SI	ECTION II	
	Y THE APPLICABLE CHANGES)	17
4. If the amendment changes the name of the corporat	tion, when was the change effected under the laws:	of E
its jurisdiction of incorporation? 6/1/2017		E ( Gran
5. Brown & Brown of Oklahoma, Inc.	;;	ස
(Name of corporation after the amendment, adding appropriate abbreviation, if not contained in new i	suffix "corporation," "company," or "incorporated	t," or -:
appropriate additional in not contained in new i	mante of the corporationy	j. <b>CD</b>
(If new name is unavailable in Florida, enter alterna business in Florida)  6. If the amendment changes the period of duration, in		acting
•	New duration)	
7. If the amendment changes the jurisdiction of incorp	poration, indicate new jurisdiction.	
(Ne	w jurisdiction)	
8. Attached is a certificate or document of similar imp 90 days prior to delivery of the application to the D having custody of corporate records in the jurisdicti		more than er official
(Signature of a director, pri of a receiver or other cour	esident or other officer - if in the hands t appointed fiduciary, by that fiduciary)	
Robert W. Lloyd	VP & Secretary	
(Typed or printed name of person signing)	(Title of person signing)	

#### OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF NAME CHANGE

I THE UNDERSIGNED, Secretary of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that an Amended Certificate of Incorporation was filed in this office on June 1, 2017, by BROWN & BROWN OF CENTRAL OKLAHOMA, INC. which amended the corporate name to:

### BROWN & BROWN OF OKLAHOMA, INC.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>7th</u>, day of <u>August</u>, <u>2017</u>.

Secretary Of State