F94000005865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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name change

FILED
05 NOV -4 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV -4 AM 10:47
DIVISION OF CORPORATION

DR
11/4/05

CSC.

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 629775 7264338

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 35.00

ORDER DATE : October 2, 2005

ORDER TIME : 10:13 AM

ORDER NO. : 629775-070

CUSTOMER NO: 7264338

FOREIGN FILINGS

NAME: PERSONAL LINES INSURANCE
BROKERAGE, INC.

XX___ PROFIT XX___ CORPORATE

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: _____

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.)

FILED
05 NOV -4 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION I
(1-3 MUST BE COMPLETED)

F94000005865
(Document number of corporation (if known))

1. Personal Lines Insurance Brokerage, Inc.
(Name of corporation as it appears on the records of the Department of State)

2. New Jersey
(Incorporated under laws of)

3. November 14, 1994
(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? 10-21-2005

5. Hub International Personal Insurance Ltd. Corp.
(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)

Marianne D. Paine
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

11/2/2005
(Date)

Marianne D. Paine
(Typed or printed name of person signing)

Vice President
(Title of person signing)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
CERTIFICATE OF NAME CHANGE

HUB INTERNATIONAL PERSONAL INSURANCE LTD.

I, the Treasurer of the State of New Jersey, do hereby certify, that on OCTOBER 21ST,2005, a name change certificate was duly filed in this office, changing the business name from:
PERSONAL LINES INSURANCE BROKERAGE, INC.
to:
HUB INTERNATIONAL PERSONAL INSURANCE LTD.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 31st day of October, 2005

John E McCormac, CPA
Treasurer