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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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TAHHASSEE, FLORID

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11/4/05



ACCOUNT NO. : 072100000032 REFERENCE: 629775 7264338 AUTHORIZATION <: 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

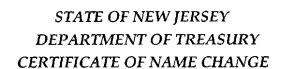
EXAMINER:

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.)

SECTION I (1-3 MUST BE COMPLETED)

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(Document number	r of corporation (if known))	100000000000000000000000000000000000000
Personal Lines Insurance Brokerage, Inc.		T
(Name of corporation as it appears	on the records of the Department of State)	<u> </u>
2. New Jersey	3. November 14, 1994	
(Incorporated under laws of)	(Date authorized to do busine	ess in Florida)
	CTION II THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corporation, its jurisdiction of incorporation?		er the laws of
(Name of corporation after the amendment, adding suff appropriate abbreviation, if not contained in new name	ix "corporation," "company," or "i	ncorporated," or
(If new name is unavailable in Florida, enter alternate cobusiness in Florida)	orporate name adopted for the purpo	ose of transacting
5. If the amendment changes the period of duration, indica	ate new period of duration.	
(Nev	w duration)	
7. If the amendment changes the jurisdiction of incorporat	ion, indicate new jurisdiction.	
(New	jurisdiction)	
(Signature of a director, president or other officer - if in the	//	12/2005
of a receiver or other court appointed fiduciary, by that fid	luciary)	,
Marianne D. Paine	Vice President	:
(Typed or printed name of person signing)	(Title of perso	on signing)



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