

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000086595 3)))



H100000865953ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000

Fax Number : (850) 558-1515

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

Email Address. JAMES.NOVAK@ZCSTERLING.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN ZC STERLING INSURANCE AGENCY, INC.

	,
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

nortanso

4/15/2010

business in Florida)

PROFIT CORPORATION FOREIGN PROFIT CORPORATION TO FILE AMEN

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) F97000005144 (Document number of corporation (if known) 1 ZC Sterling Insurance Agency, Inc. (Name of corporation as it appears on the records of the Department of State) California October 1, 1997 (Incorporated under laws of) (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? April 1, 2010 5 Sterling National Insurance Agency, 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

(New jurisdiction)

(New duration)

6. If the amendment changes the period of duration, indicate new period of duration.

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

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

James P. Novak

(Typed or printed name of person signing)

Secretary

(Title of person signing)



State of California Secretary of State

CERTIFICATE OF FILING

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 1st day of April, 2010, there was filed in this office an amendment changing the corporation name from ZC STERLING INSURANCE AGENCY, INC., a California corporation, to STERLING NATIONAL INSURANCE AGENCY, INC.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 13, 2010.



Jeha Bowen

DEBRA BOWEN
Secretary of State